Clinical Lectures
ON
SOME STRAY SUBJECTS OF HOSPITAL SURGERY.

BY FREDERIC C. SKEY, C.B., F.R.S.,
CONSULTING SURGEON TO ST. BARTHOLOMEW'S HOSPITAL, ETC.

LECTURE V.
CICATRICES FROM BURNS, ETC.

NEITHER the skill of the operator nor the principles of conservative surgery—if I understand the application of the term, of which I am not certain—are more fully called into action than in the treatment required to mitigate or remove the evils attendant on *cicatrices from burns* or other causes of contraction of the skin. These painful consequences of local destruction of integument occur chiefly in the regions of the face and neck, the axilla, and the elbow. They must necessarily involve a joint, or the conditions of their existence fail. In the face and neck the consequences are very distressing: the countenance is the subject of frightful distortion; the head, the lower eyelid, the cheek, and the mouth are drawn downwards towards the clavicle, producing a hideous distortion of the human face. In axillary contractions, the arm is drawn to the side, and the muscles of elevation of the limb are useless. At the elbow the integument is so deficient as to draw the joint into permanent flexion, forming a thick band, extending from the middle of the forearm to some distance above the elbow-joint.

With a view to remedy these evils, I have on several occasions resorted to the Taliacotian operation: dividing freely, and dissecting off the morbidly contracted skin, and replacing it by sound skin from the neighbourhood. But, on the whole, the treatment has failed. It is sound in principle, but my experience would not, in my hands, justify the future resort to it; either the reunion of the apposite surfaces has failed, or the new integument has sloughed, or some other untoward circumstance has occurred to mar the success of the treatment.

For several of the latter years of the tenancy of my office of surgeon to the hospital I adopted, in these and similar cases, a new principle of treatment far more efficacious than that I have described. This principle requires a few words of explanation. If you observe the healing progress of an ulcer, be it where it may, you will not fail to notice the gradual declension of healing power the wound exhibits as it advances, so that an ulcer of four inches diameter requires for the last inch as much time to heal the entire wound as has been occupied in the healing of the previous three inches. It would appear that the curative or healing action became exhausted, and the progress towards complete cicatrisation in the same degree retarded. It is this tardy progress in the healing process of wounds that explains the condition of these singular cases, and renders them so difficult of control. Almost every description of open wound, as you well know, heals from the margin. There are exceptions to this natural law in the case of old phagedænic ulcers, in which an island of cicatrisation forms in the midst of the granulations; but I do not recollect to have seen this feature in any common wound. The healing power of a wound is in a relation with the extent of its margin, a wound of four inches square having a healing margin, and therefore a healing power, of 16 inches. Divide this wound into four, of one inch each, and you have a healing margin of 64 inches. Again divide it, in theory I mean, and you have a margin of 128 inches. Now, if the fact I have stated be true, that the healing process of wounds is retarded at every step it takes, you will readily see that the smaller the wound the more rapid the healing process; and, if instead of one large wound, you make twenty small wounds, the healing process is completed with great rapidity, and the evils attendant on these large cicatrices may be removed by very simple means—viz., the relaxing the tension caused by these bridles by making a large number of small divisions of the cicatrix instead of one large one. Carrying into execution this principle, I have treated these cicatrices by small incisions in various parts of the body for some years. In my first case, in which the thumb of an in-door patient was attached to the index finger, which had resisted various efforts to permanently dissever it, I fixed the thumb in full abduction by some slight mechanical agent, and then made about eight to ten incisions through the skin and subjacent tissue, each incision not exceeding eight or nine lines in length. In ten days the man had perfectly and permanently recovered the entire use of his thumb. I then adopted the principle on a larger scale in the neck and at the elbow joint, and I am quite satisfied of its soundness. I believe the smallest possible margin to each wound will suffice for the cicatrising process, and the incisions should be made with all caution that they do not run into each other.

REFRACTURE OF BONES.

I know of few better examples of sound effective surgery than results from the successful treatment of a case of a distorted and contracted limb, by reason of the mal-union of a broken bone, by its refracture. In the case of a broken femur, for example, it not infrequently occurs that, whether owing to imperfect extension, to a restless disposition on the part of the patient, or a discontented character of mind, which impels him to regulate the pressure of the splints in accordance with his own sensations, and especially in cases of a very oblique fracture, the bones may permanently overlap, and an angle is frequently formed at the point of union. In proportion to the shortening of the limb is the gait impaired, and the muscles are reduced in contractile power. In such cases the bone may be refractured with perfect safety. Do not suppose that the capability to employ the limb in walking is any evidence of your inability to break it. In a case of simple oblique fracture of the femur, or of the bones of the leg, the patient may be capable of walking—that is, of throwing the entire weight of his body on the affected limb in the course of seven or eight weeks; but the weight being vertical, the uniting tissues are firm enough to sustain the superincumbent weight; but if force be applied in a lateral direction, the union will readily separate for many weeks afterwards. I have broken the femur at the expiration of eleven weeks, and the bones of the forearm at that of seventeen.

Two important questions arise in connexion with this subject:—

1. Will the bone thus broken again reunite? Why should it not? If Nature has firmly united the broken bone in the first instance, why should she not in the second? The power of uniting a broken bone is inherent in every sound constitution. The very fact of primary union infers the presence of ossific power.

The second objection which has been raised is the uncertainty of separating the bones at the point of fracture. This is a frivolous objection. If a man of good muscular power fails with his greatest effort to break even a radius in the dried state, how can the shaft of the femur be broken by the muscular power of the human arm.

Granted (1) the impracticability of fracturing a living bone of the smallest calibre for which the operation of refracture can be required; (2) the all but certainty of reunion; (3) the simple and innocuous nature of the operation as regards the soft structures; and (4), the perfect safety of the shaft of the bone. What objection can be urged against an operation which contemplates the removal of a serious evil to the frame without suffering or inconvenience? The only limit to time is the power to break. I made a vigorous attempt to break the femur at ten months. In this I failed, but the man walked back to his ward without pain or difficulty. Chloroform having been administered, the limb is brought to the edge of the table, which is covered with half a dozen folds of a blanket. The weight of the body of the operator is brought slowly and gradually to bear on the point of fracture; and any additional force in moderation may be resorted to. The separation will be audible to bystanders, and when the rotation of the lower fragment proves the entire separation of the fractured ends, the movements should be freely made with a view to detach all the fibrous adhesions yet connecting them. The sensation to the surgeon manipulating is not that allied to crepitus. The impression conveyed to the hand has nothing of

the crispness caused by a recent fracture, but rather like the laceration of soft or fibro-cartilaginous substance yielding under continuous pressure. Pulleys very deliberately applied are requisite to overcome the long-continued contraction of the muscles. The artery has been abnormally shortened, and will rejoice in its restoration.

ILLUSTRATIONS OF IMPAIRMENT OF THE POWER OF INTELLIGENT LANGUAGE, IN CONNEXION WITH DISEASE OF THE NERVOUS SYSTEM.

By JOHN W. OGLE, M.D., F.R.C.P.,
PHYSICIAN TO ST. GEORGE'S HOSPITAL.

(*Continued from p.* 113.)

Case 39. — Charlotte G——, aged sixty-three, was admitted into St. George's on April 18th, 1860, with phthisis. On the 25th she suddenly lost power of distinct speech. She was still intelligent, and appeared to understand well, but had lost all power of *selecting words* and uttering them. There was no paralysis, but the right arm was weak, cold and benumbed. Coma and stertor preceded death, which occurred on the 30th. After death a layer of blood was found in the arachnoid cavity, and the cerebral arteries proved to be atheromatous. The brain-structure was natural.* (129.)

Case 40. — A woman aged thirty had had symptoms of cerebral disease, including partial impairment of memory and speech. For some time the speech continued affected, and at length she had an apoplectic attack. After death no vestige of disease could be discovered in the brain or any other organ. — Case quoted by Dr. Copeman (58) from Abercrombie's work.

Case 41. — Richard W——, aged fifty-two, out-patient, suffering from lead-poisoning. His illness began with melancholy. His speech was difficult, and he said he had become "bothered" in bringing out his words. No paralysis noticeable. No further history.

Case 42. — Mary L——, aged twenty, was admitted into St. George's, March 26th, 1845, with tuberculosis of most of the organs of the body. The speech was noticed as being very remarkably "slow."† She had had epileptic attacks, and had several in the hospital. She died April 9th, and after death nothing but slight congestion was found about the brain. (92.)

Case 43.—George L——, aged thirty-eight, was admitted on Jan. 31st, 1866, with paralysis of the left arm of one month's duration. Subsequently there was twitching of the left side, and for a time he had the *greatest difficulty in speaking*, but afterwards could answer questions sensibly. The right pupil was smaller than the left one. The urine contained granular casts and sarcinæ. He had a convulsive fit, and subsequently died. After death the brain was found very anæmic, and the grey matter very pale, all the blood-vessels being empty. The brain was everywhere firm. (50.)

Case 44. — Robert E——, aged thirty, out-patient, described himself as having been "bad for two or three years," owing to a sun-stroke. When a boy he had had syphilis. Three weeks before attendance he had had a "fit," attended by vomiting, of several hours' duration. From this he appears to have quite recovered. When seen he had much pain in the head. The only indication of paralysis was a slight drawing of the mouth to the left side. The speech was noticeable as being remarkably *slow and measured*. Soon ceased to attend.

Case 45. — John W——, a compositor, under my care formerly at the dispensary, had had an attack in which he quite lost consciousness, followed by tremor of the facial muscles and occasional double sight. Subsequently he went out of London for some weeks, and when he returned it was noticed that he *clipped his words*. He thought that he had bitten his tongue. This was now noticeable about his speech—that he could not, as he said, "collect his mind quickly enough to speak when necessary." No further history.

Case 46.—A needlewoman, also a dispensary patient, was evidently suffering from severe cerebral mischief, had attacks of vomiting, and was at times *unable to speak* for half an hour, the memory and mind being, notwithstanding, at that time apparently very good. No positive indication of paralysis existed; but the arms were complained of as being often cold. She continued under care for some time, during which she was seized with *loss of speech*, lasting for twenty minutes, excepting so far as to say "No, no." Her memory, chiefly of familiar places, became at times effaced. No further notes of the case.

Case 47.—Frederick C——, an out-patient at the hospital, aged thirteen, was in manner unusually "babyish," with large pupils and a staring look, having the right arm longer than the other one. He was quite able to understand what was said, but could not talk beyond barely answering questions, saying "Yes" or "No." Eventually he became mischievous in habits. At a later period the left shoulder and arm diminished in power. I then lost sight of him.

Case 48.—A boy, aged two years and nine months, an out-patient, and very irritable, had had many fits, in which he lost consciousness. When he was brought to the hospital he was quite intelligent, but never could be made to speak, though he would make all efforts with his mouth and tongue, whose movements were quite free, so as to do so. He remained under care only a short time. No paralysis existed.

Case 49.—Abraham S——, aged thirty-nine, a coachman, out of work for six months, became an out-patient with pain at the vertex of the head, which came on the day before. He stated that he had "lost his speech" entirely three months previously, but regained it. When seen, the tongue was tremulous, and there was stammering and stuttering of most of his words. There had never been any loss of power of any of the limbs.

Case 50.—Sarah B——, aged fifty-four, became an out-patient with pain in the right side of the head. The sight of the right eye was gone, owing to disease of the eyeball, which was constantly oscillating in its movements. She stammered whenever she spoke, and, as she observed, was "unable to pronounce *certain* words." Among other mispronunciations, she always said "eskwith" instead of "quite." She soon ceased to attend.

Case 51.—H. S——, aged thirty-seven, was an out-patient with general paralysis of the insane. He had two or three convulsive attacks, and his speech had become *slow and hesitating*. Tremulous movements of the muscles of the face, forehead, and tongue existed, especially on the left side. No further history, except that when seen there was no paralysis of the limbs.

Case 52. — William T——, aged seventy-two, an out-patient, had suffered from hemiplegia, first on one side and then on the other. He was quite intelligent, and for the most part intelligible; but at times could not pronounce his words clearly, sliding them one into another. At a later date I find it noted that he often pronounced words wrongly, and that he spoke of himself as calling things "backwards like." He sometimes stuttered, especially at night time. No further history.

Case 53.—W. W——, an out-patient, aged twenty-two, had had an attack of partial unconsciousness some weeks before. He gradually became more conscious, and could put out the tongue when asked, but to every question never replied anything but "Yes." It was said that in a week's time he spoke much better, but still *mispronounced* words. No paralysis existed. He soon ceased to attend.

Case 54.—Thomas W——, out-patient. Had had a fit some weeks previously. Pain across the forehead remained,

* This is one of a number of cases which I have collected showing the occurrence of epilepsy in strumous patients.

† An interesting instance of *slowness* of speech in a case of hard tumour of the anterior lobe of the right cerebral hemisphere is related by Dr. Mesnet in the "Arch ves Générales de Méd." for May, 1862, p. 513. The intellect was seriously affected. "Les réponses sont lentes, mais justes, quoiqu'il laisse toujours un certain intervalle entre le moment de la question et celui de la réponse." The words, however, always responded to the idea which the patient wished to express. The case is recorded in connexion with epilepsy and certain peculiar circular movements to which he was subject. This excessive slowness of speech, unattended by any want of mental apprehension, has often been noticed in connexion with other symptoms in a variety of cerebral affections. I find it noticed by Dr. Boyd in a case of cancer of the dura mater, covering the outer and upper part of the *left* side of the brain, affecting the brain-substance (see No. 784 of his cases, before quoted). It is also noticed in one of our hospital cases (No. 222, 1859) one of serous effusion into the cerebral ventricles, with paralysis of all the limbs. I shall allude to it and to other instances of it which I have elsewhere recorded.

and the speech was stammering, and had been so since the fit. There was no loss of power or sensibility of the skin in any part excepting that the *left side of the face* was wanting in expression. He soon ceased to attend.

Upper Brook-street, W., 1870.

IDIOPATHIC GANGRENE OF THE FOUR EXTREMITIES, NOSE, AND EARS.

AMPUTATION OF THE EXTREMITIES; RECOVERY.

BY JOHN R. BEGG,

SURGEON TO THE DUNDEE ROYAL INFIRMARY, ETC.

MRS. ELIZABETH R——, aged twenty-one, was admitted into the Dundee Royal Infirmary on the 25th May, 1869. She had been delivered of a healthy male child on the 24th March previous. She stated that the labour was a protracted one; that afterwards she did not partake of nourishment proper to one in her condition, and that she therefore remained in a weakly state for some time. She had, however, quite recovered from her confinement, and was following her household duties, when, one day, a little over a fortnight previous to her admission to the infirmary, she was seized with an itchy sensation in both her hands; this was followed by slight pain, and at the same time she noticed the tips of the small and ring fingers of the left hand become of a blue colour. Previous to this, however, there had appeared a blue spot on the tip of the nose; and shortly after the left hand had been attacked with the blueness, the left foot exhibited a similar appearance; then the right hand, the right foot, and finally the lobules of the ears: the blueness always commencing at the tips of the fingers and toes, and gradually ascending. She then experienced a feeling of numbness in the parts, and latterly pain whenever she made any movement.

Previous to this illness the patient had always enjoyed the best of health. Her medical attendant stated that her labour, although lingering, was a natural one; that she got about sixty-five grains of ergot in infusion in two doses; and that she made a fair recovery. Mrs. R—— stated that for years she had suffered from coldness of her extremities, more especially her hands, and that even in the hottest days of summer. Her husband remarked the extreme coldness of her fingers, hands, and feet, and often applied remedies to warm them.

On admission, the diseased parts were found, on careful examination, to be in the following condition:—1st. On the tip of the nose there was an irregularly-shaped black patch, of about the size of a fourpenny-piece, hard and dry. 2nd. The fingers of the right hand were flexed, black, withered, and devoid of feeling as far as the middle joints. On the dorsal or posterior aspect of the hand, and extending for about two and a half inches above the wrist, the integuments were of a purple colour, mottled here and there with shades of a darker hue; the forearm above the wrist was of smoky colour; the corresponding part on the palmar surface of the forearm, where it extended for the same distance, was of a reddish tint. 3rd. The left hand was dark in colour; the fingers flexed and withered, and devoid of sensibility up to the middle joints. The blackness in this hand extended from an inch and a half to two inches above the metacarpo-phalangeal joint, where there appeared to be an irregular line of demarcation forming; and towards that point it was of a lighter or reddish colour. 4th. The left foot was for the most part of a light-red hue, with a slight intermixture on the dorsum of a darker colour. It reached from about three to three and a half inches above the ankle-joint, on the anterior surface of the leg, where the line of demarcation was forming. Some large bullæ had formed. The toes were black, withered, and devoid of feeling up to the middle joints. The integument on the plantar aspect of the foot was of a dark colour. 5th. The right foot was of a dark-red hue, mingled here and there with shades of a darker cast. The toes were black, and withered up to the middle joints. The discoloration of the skin extended about three and a half inches above the ankle-joint, where a line of demarcation was forming. Some bullæ had formed near the line of demarcation. The sole of the foot was of a dark colour. The whole of the extremities were cold to the feel as far as the discoloration extended.

The patient was ordered a liberal diet, with wine, brandy, and beer; a morphia draught and a dose of castor oil when necessary.

June 14th.—Up to this date little change has taken place in the patient's condition. The pulse kept at about 120. The line of demarcation is now well formed; suppuration has commenced in the lower extremities; tendo Achillis slightly exposed in left leg. The gangrene in the lower extremities is of the moist or humid kind; in the upper, the dry or mummified. Urine normal. Has been taking her food tolerably well; relishes her wine, brandy, and beer.

17th.—This morning, at 10.30, the patient was placed under the influence of chloroform, and amputation performed in both legs, about their middle. In either case short anterior and long posterior flaps were made. The usual number of arteries required to be ligatured. Very little blood was lost during the operations. The anterior tibial arteries in both amputated extremities were found to be pervious as far as they could be traced.

July 2nd.—Up to this date the patient has progressed favourably, with scarcely a bad symptom. The tip of the nose was removed yesterday, and, some days before, portions of the lobules of the ears. Pulse normal; tongue clean; appetite good; sleeps well; very cheerful; stumps looking well, nearly whole. The left hand is much the same; in the right the line of demarcation is well defined, and suppuration has taken place between the dead and living parts.

9th.—At 10.30 A.M. the patient was chloroformed, and both upper extremities were amputated: the right about three inches above the wrist; the left at the wrist, removing the articular ends of the radius and ulna. No blood was lost beyond what it was impossible to prevent. Patient stood the operations well.

Oct. 1st.—Since the upper extremities were amputated patient has never had a bad symptom; her health and spirits are now all that could be desired. The stumps of both upper and lower extremities are perfectly sound, and able to bear a great amount of pressure. She has been out of bed daily for some time, and has been amusing herself by writing with a pen and holder secured to her right arm stump. She began by writing on slips of paper a few proper names, but she is now able by this means to keep up a correspondence with her friends. Her writing is marvellous.

16th.—The patient left the infirmary to-day for London, to be under the charge of Mr. Heather Bigg.

Fortunately, cases of idiopathic gangrene, such as the one now described, are of rare occurrence in this country, and few of them are to be found in the records of surgery. Mrs. R——'s case is therefore one of the first importance, both for its history and its termination. The gangrene commenced about forty-six days after accouchement, and forty days after the commencement of the gangrene both legs were amputated. Twenty-two days after the first double amputation, the second double operation was performed. She made a most wonderful recovery, and left the infirmary after a residence of one hundred and forty-three days, or about four and a half months.

Amputation in gangrene, whether traumatic or idiopathic, has been, and is still, a question on which there are diversities of opinion among surgeons; but I think all surgeons are now agreed that amputation should never be performed in idiopathic gangrene until the line of demarcation has been sufficiently well established. But although all are agreed on that point, there are still differences of opinion as to how the operation should be performed. If we consult the early writers on the subject, we find that they left the gangrenous extremities to be amputated by nature, merely removing the mortified parts at the articulation nearest the line of demarcation. Modern surgeons, for the most part, advise little interference—waiting until the gangrenous parts are nearly detached, then dissecting the granulating parts a little upwards, and dividing the bone with a saw. Sir W. Fergusson, however, says there cannot be a doubt that the surgeon is justified in many cases in performing amputation.

After the line of demarcation was sufficiently well formed, and ulceration had extended so as to expose the deep tissues of the legs, there was a large amount of disagreeable fetid discharge, besides the offensive putrid feet and legs, which

were evidently producing and keeping up much constitutional disturbance. As the circulation in the popliteal arteries was normal, I thought that, if my patient had a chance of recovery at all, that chance would be afforded by amputation. Had the amputation been left to nature, I have no doubt the termination of the case would have been different, as there was not sufficient strength of system to undergo the exhaustive process of ulceration and suppuration necessary for the separation of the mortified parts; and, supposing that nature had been able to perform the amputations, there would have been left perfectly useless stumps. Instances are not wanting where the gangrenous extremities have been left to be amputated by nature, in which the patients have afterwards submitted to amputation in order to obtain more useful stumps. Assuredly I did what was best for the interest of my patient when I removed the offensive sphacelated parts, and afforded sound and useful stumps for the adaptation of artificial extremities.

The treatment of the case was directed to assuage pain, lessen nervous irritability, and support the system against the debilitating effects that must necessarily accompany the process of ulceration and suppuration. The strength of the patient was kept up by a generous diet, and a liberal allowance of stimulants.

One of the most important inquiries in this case is as to what caused this extensive and unusual disorganisation, and to which of the recognised causes of idiopathic gangrene it could be assigned. It will only be necessary to refer to those causes which have a direct bearing on this case; and I think the first that naturally presents itself is, ergotism. All the professional gentlemen who saw this case after the disease had been sufficiently well established said: "Why, this must be a case of ergotismal gangrene"; and although it is a rare disease in this country, yet instances are not wanting of gangrene following the use of bad black wheat or rye.

When gangrene arises from this cause it does not usually occur in isolated cases, but generally attacks whole families, sometimes whole districts, as is graphically described by continental writers. Dr. Wollaston describes the disease as occurring in a whole family in Suffolk after using bread made from unwholesome wheat. It will be interesting to give the result. The father recovered with the loss of two fingers; the mother lost the right foot at the ankle, and the left leg below the knee, the fingers of both hands contracted and almost lost their sensibility; three of the family lost both legs below the knee—one of them died; one lost both feet at the ankle-joints; another, one foot and two toes; and an infant died. ("Philosophical Transactions," 1762.)

Mr. Camps gives a case of supposed ergotism. The man recovered with the loss of both feet a little above the ankles, both thumbs and forefingers at the middle of their first phalanges, and the remaining fingers at the first and second phalanges. (*British and Foreign Medico-Chirurgical Review*, July, 1855.)

In Mrs. R——'s case we have all the well-marked symptoms and results of ergotism. The history of her case, however, at once precludes the idea of her disease originating from that cause; as, had such been the case, others who were subjected to the same mode of living would have been more or less affected in a similar way. True it is that, during her labour, she had administered to her about sixty-five grains of ergot in infusion; but I do not think that it had the least influence in producing the remarkable and unusual gangrene that shortly afterwards followed. Were such the case how often would we have gangrene following the use of ergot in midwifery practice. I might safely say that it is used by medical practitioners all over the world in a large proportion of their midwifery cases, and with no bad results following.

Numerous cases are on record of gangrene from embolism; but these were wholly confined to one of the upper or lower extremities.

In Mrs. R——'s case there was certainly no ossification of the arteries. There was no arteritis or venous obstruction, no heart-disease nor diminution of the heart's action, and no want of nervous energy; for Mrs. R—— had a well-regulated and active nervous system. Neither can the cause be assigned to, or connected with, a cachectic or broken-down state of the constitution; as, had such been the case, there would have been little or no chance of her recovery.

There is one remarkable and striking feature in the history of this case which forms a most important element in determining the cause of the disease, and that is, that she suffered for years from extreme coldness of the extremities. I must confess that, until this feature in the case was brought accidentally to light, the cause of the disease was a mere matter of conjecture, and shrouded in the greatest obscurity; but the accidental discovery of the long-continued cold extremities at once gave the clew to what must be accepted as the true explanation of the origin of this remarkable gangrene. The coldness of the extremities must have arisen from a weak and insufficient capillary circulation, which must have existed for a considerable time; and, bearing this in mind, the true cause of the disease will be easily ascertained by shortly reviewing the patient's previous history.

Mrs. R——, prior to her marriage, was a servant in the family of a baronet, where she was accustomed to good living. From this situation she was married to a working gardener; his means being limited, her mode of living would necessarily be very different from that to which she had hitherto been accustomed. In the ordinary course of events she gave birth to a healthy living child; and here is an important crisis in the case: she says that "afterwards (after the birth) she did not partake of proper nourishment required for one in her condition, and therefore remained in a weakly state, but was able to resume her domestic duties."

There can be no doubt that in the abnormal coldness of the extremities there lurked the latent predisposition to the disease, and that there was only wanting a particular state of constitution calculated to promote its development,—and that state was doubtless produced by her different mode of living subsequent to marriage, combined with the debilitating influence of child-bearing. Taking these circumstances into account, it seems evident that, owing to the organic changes in the capillaries of the extremities, the parts did not receive an amount of nutrition sufficient for the sustenance of life. In this form of gangrene arising from organic changes in the capillaries we would naturally expect to find the dry or mummified; but it is remarkable—and what, I believe, has not previously been found or recorded in any other case—that there were the two well-marked varieties—in the lower extremities the moist or humid, and in the upper the dry or mummified.

That the same cause was at work in producing both varieties of gangrene there can be no doubt. Contrary to what was expected, in tracing the tibial arteries in the mortified parts of the lower extremities after amputation, they were found pervious; but, from the advanced state of the gangrene, it was impossible to say in what condition they had been previously. In the upper extremities the state of the vessels could not be ascertained, as the parts were hard and dry.

Amputation has often been performed in cases of idiopathic gangrene where no bloodvessels required ligatures; but in Mrs. R——'s case, both in the upper and lower extremities, the usual number of vessels required to be ligatured. This fact, taken in connexion with the history of the case, proves quite conclusively that the capillaries were the true and original site of the gangrene. Some few cases are recorded closely resembling Mrs. R——'s: one by M. Raymonds (*Year-book of Medicine and Surgery*, 1862); and another by Dr. Henry of Philadelphia (*Brit. and For. Med.-Chir. Rev.*, July, 1856); both cases ended fatally.

The following is a brief summary of the chief points of interest in Mrs. R——'s case:—

1. Mrs. R—— was only twenty-one years of age.
2. Idiopathic gangrene of the four extremities, nose, and ears is of rare occurrence in this country; and this is the only case on record which has been known to recover.
3. The treatment of the case was mainly directed to supporting the system by nutritious diet and stimulants.
4. The two varieties of gangrene occurring in the same case must be extremely rare, as I do not find mention made of such a case by any of the most eminent surgical writers.
5. Two double amputations were performed within twenty-two days.
6. The usual number of arteries were required to be ligatured in all the operations.

7. This is the only case where the four extremities have been successfully amputated in idiopathic gangrene.
8. The cause of the disease was organic changes in the capillaries.

The accompanying sketch was taken immediately before Mrs. R—— left the infirmary. It represents faithfully the condition of her amputated extremities. It will be seen that the ears suffered but slightly; and that the nose, although it lost a considerable portion, recovered without leaving much deformity.

My thanks are due to Dr. White, the resident surgeon in charge of the case, for the care and attention he bestowed in attending Mrs. R——, and in carrying out the prescribed treatment.

On leaving the infirmary, Mrs. R—— went direct to London, where she had four artificial extremities supplied by Mr. Heather Bigg. By means of these ingenious appliances she is able to walk, use a knife and fork, knit, crotchet, and perform the minutest manipulations, even to the picking up of a pin. For a description of their mechanical construction, see THE LANCET of Feb. 15th, 1870.

Mrs. R—— is now living in Devonshire, and from a letter I had, written by herself a few days ago, I learn that she is in the enjoyment of excellent health and buoyant spirits.

Dundee, August, 1870.

CASE OF TRAUMATIC TETANUS, TREATED BY BELLADONNA, QUINA, AND PURGATIVES; RECOVERY.

BY HENRY COOPER ROSE, M.D.

H. R——, aged fifteen, apparently in fair health, came under my care on March 31st, 1870, with the following history:—About ten days before the above date he had scratched his leg rather deeply with a nail while at play. The wound was dressed with wet lint, and seemed to be doing so well that no notice was taken of it after the first two or three days. A few days before I saw him the wound had become worse and painful, but he said nothing about it until the evening of March 29th, when he complained of feeling very unwell, and of a stiffness about the angles of the jaws. The wound appeared inflamed, and was again dressed with wet lint, and he was kept quiet.

At 8 P.M. of March 31st I was sent for. I found the lad in bed, with an anxious countenance, hot skin, quick pulse, dilated nostrils, great stiffness about the jaws (he being only able to very partially open the mouth), and the wound in the leg very deep, leading down to the periosteum, and situate on the outer side of the right leg, about six inches above the outer malleolus. The leg looked inflamed around, and the wound gave exit to a thin, sanguineous, and somewhat offensive discharge. I immediately entirely destroyed the surface of the wound by a most thorough application of the solid nitrate of silver, ordered a linseed-meal poultice to be applied, and (enjoining absolute quietude) prescribed the following:—Calomel, six grains; jalap powder, one scruple: to be taken immediately, and to be followed by enemata of sulphate of magnesia until copious evacuation resulted. Tincture of belladonna, twenty minims; tincture of quina, one drachm; sulphate of quina, one grain: to be taken every four hours. Extract of belladonna, one ounce; solution of ammonia (strong), half a drachm: mix: a portion to be rubbed into the whole course of the spine three times a day. Jalap powder, ten grains; calomel, one grain: to be taken every four hours.

April 1st.—Through the night he had frequent spasms, which threw him into various painful contortions, opisthotonos occurring at intervals; jaws firmly closed. The bowels had not acted well. Continue powder, medicine, and enemata. In the evening I found the symptoms somewhat relieved; the tetanic spasms were not so frequent, the bowels had acted very copiously, and he had been able to swallow some beef-tea and wine when poured between the cheek and teeth.

2nd.—Symptoms much the same. He had had sleep several times of short duration. Pulse 120; skin moist. The slough produced by the nitrate of silver had come away. The wound was filled up with cotton wool, saturated with carbolic-acid lotion (two drachms to six ounces), and covered with a linseed poultice. Mixture continued.

3rd.—11 A.M.: I found him greatly distressed, terrible spasms coming on at intervals of three minutes, accompanied by loud screams. Pulse 130. He had had a quiet night, sleeping for two hours at a time; and the change had taken place without any apparent cause about an hour before my arrival. Abdominal muscles very tense and painful. Ordered turpentine stupes to the abdomen; calomel-and-jalap purge, and enemata of sulphate of magnesia; wine and beef-tea.—At 4 P.M. I visited him again, accompanied by Mr. Shaw, of Hampstead, with the intention of administering chloroform; but I found him quieter, the spasms less frequent, and not nearly so violent. The bowels had been freely relieved. I withheld the chloroform. To continue the mixture; discontinue the powders.

4th.—Morning: Had had a quiet night, sleeping at intervals for the space of an hour or two. Was cheerful, and talked rationally. Pulse 100. He had taken nourishment plentifully—milk (thickened with farina), beef-tea, and 8 oz. of wine in twenty-four hours. Since the previous evening the spasms had been very few and slight.—Evening: Pulse 100. Spasms almost absent until 7 P.M., when they began again to be troublesome. Ordered another purge, and the mixture to be continued. The jaws could be opened about half an inch. The pupils were largely dilated, and he complained of occasional blindness. He urgently requested that the belladonna might be rubbed into the sides of the neck and angles of his jaws, declaring that he felt relief after each application of it to the spine. This was accordingly done, and the mixture was ordered to be taken every six hours.

5th.—Considerable improvement had taken place in every respect. He had slept well, was cheerful, the bowels had been freely relieved, and the movement of the jaws was much greater. There had been no spasms since last evening, and his general aspect was improved.

6th.—Had passed an excellent night; no spasms. The jaws, though still feeling stiff, were freely movable, and he asked for, and enjoyed, some thin bread-and-jam. The wound in his leg was granulating fast, and was healthy in character; and from this date the patient made an uninterrupted recovery. Mr. Shaw, of Hampstead, frequently saw the patient with me.

Hampstead, August, 1870.

CARBOLIC ACID AS AN ANTISEPTIC AND DISINFECTANT.

WITH A FEW CASES ILLUSTRATIVE OF ITS BENEFICIAL EFFECTS IN CATARRHAL, ASTHMATIC, AND BRONCHIAL AFFECTIONS.

BY ANGUS MACKINTOSH, M.D.

ANY person regularly perusing the leading medical periodicals for the last two or three years could not help being deeply interested in the very able and graphic articles which have appeared in their pages from time to time, more particularly those papers that were written with special reference to the "antiseptic system," so widely advertised by Morton, Nunneley, Black, and others, with whose names the discovery will be for a long period associated, in so far as they have laboured hard and partially succeeded in immortalising the discoverer.

In the belief, therefore, that the carbolic-acid crisis is past, and while the profession enjoys the glory and serenity of peace and quietness, I desire to state the particulars of eight or ten cases I have treated, with special care and attention, with carbolic acid, and the effects as observed by myself, not in favour of Lister's theory, or against it, but in favour and support of science and the onward march of progress, with the ultimate view to benefit mankind.

CASE 1.—In December, 1866, I was called to see a married woman, the mother of several grown-up children, aged about fifty years. On examination, I found her constitution to be good, but she had several varicose ulcers on both legs, about the lower third of the left, and as high as the calf of the right, surrounded with a considerable amount of erysipelas. They were so painful that she could neither stand nor walk with any comfort and ease. On putting a few questions, I learned that she was attended for years by a medical man; but had given him up, as she said, because he could not do her any good. I instructed her to remain in bed, and prescribed the following mixture:—Tincture of sesquichloride of iron, three drachms; spirits of nitric ether, three drachms; dilute nitric acid, three drachms; infusion of gentian, two ounces; water, six ounces: of which a tablespoonful was to be taken three times a day shortly after meals. Externally, I ordered the ulcers to be washed with warm water till perfectly clean of all pus &c., and sent that same day a large bottle of carbolic acid and linseed oil, in proportion of three of the acid to six of the oil, and lint, which was to be saturated by the solution and applied to the wounds, for which special directions were given. The dressing to be renewed twice a day till my next visit, as pus was escaping rather freely, and a bandage, moderately tight, to be applied outside the dressing. When I called again, I ascertained my patient suffered rather severely from pains about the knees; but very little in or about the wounds. The legs were swollen upwards to a considerable extent, which I attributed to the bandage being too tightly applied. I undressed the wounds; and could only detect a small quantity of pus in comparison with that observed two days previous, and that was mixed with a few clots of fresh blood. There appeared to be no disorganisation or putrefaction going on to any perceptible degree. I washed, cleaned, and dressed the wounds with the lint and solution, in the proportion already stated, and bandaged the feet and legs upwards to the knees, diverting the bandage in the shape of figure 8 over the wounds to relieve pressure and consequent pain; thus leaving a space uncovered by the bandage where the solution might be applied to the wounds by dropping it freely on the lint without removing the dressing. In course of a week a decided improvement could be seen: the pains at the knees completely disappeared; the swelling greatly diminished. In a month from the commencement of the carbolic-acid treatment the ulcers seemed healing up, the wounds looked smaller, and healthy granulations were going on rapidly. In two months the woman was able to attend to the duties of her household with comparative ease and comfort; and in four months I considered her, as she did herself, perfectly cured, which opinion was confirmed by the after-examinations.

Having continued the medical adviser of this person, I had several opportunities of seeing her legs since; and I can now testify that both of them are in that state so as never again to trouble her.

In the treatment of this case, as well as in several others I shall have reason hereafter to mention, I was led to think that besides the curative influence attributed to carbolic acid by Professor Lister, in destroying the "germ-poison" that is always wandering and floating in the atmosphere, and thus preventing putrefaction, it has also a special chemical effect on the constituents of the blood itself, which renders it, under certain conditions, more susceptible of being again reabsorbed. 1st. *I observed that carbolic acid, coming in contact with warm fresh blood, hastens coagulation.* 2nd. *That carbolic acid appears to influence and favour the process of separation of the corpuscles of clotted blood from the fibrin, and thus prepares the corpuscles for reabsorption.* From the following facts I am driven to this conclusion. Every time I cleaned and dressed this patient's legs, a little oozing of blood took place, which, in coming into contact with the acid, immediately became coagulated. I may with truth say that, invariably, clots followed each dressing for a considerable time; and in the absence of any pus, or any other appearance of the clots on the dressing, and fibrin being the only element required for the process of reparation, I was naturally led to think what became of the clotted blood. Is it not possible, nay very probable, that the corpuscles of these clots which always followed the dressings, and of which no traces could be discovered afterwards, have been, as it were, prepared by some chemical change exercised on them by the acid, and have been thus reabsorbed into the system for the supply of its wants? Again, large varicose veins existed both above and below the ulcers on this woman's legs. At the commencement of my treatment I instructed the nurses in attendance to apply the lotion containing the acid regularly over these swellings, which they did by means of a loose bandage. At the end of about three weeks one or two of these varicose pouches, where the skin was very thin and delicate, broke open, and the clots came away, followed by some oozing of fresh blood; these healed rapidly afterwards by applying the lotion. The rest of the swellings got gradually smaller, till, about the end of the second month, they altogether disappeared. This fact strengthens my former conviction—namely, that the carbolic acid with the oil must possess some influence on the materials concerned, besides killing or destroying the putrefactive organisms of the atmosphere; as none of these noxious agents could exist in the coagulated blood constituting these varicose enlargements, because there were no channels through which the medium in which they are supposed to live could have any access, I am inclined to believe that these varicose clots were modeled or changed by the carbolic-acid solution during its application, so as to become fit to be carried away by the stream of blood to the various excretory organs and channels, whose special function it is to separate them from the economy. The friction caused by the blood-current could not prove the means of removing these clots, otherwise they could not have remained so long as sources of irritation in these varicose pouches. It may be mentioned that the tonic and astringent mixture recommended at the outset was continued throughout with slight changes, as the patient required; being a farmer's wife she had all the necessaries calculated under the circumstances to do her good.

(To be continued.)

A CASE OF EXTRA-UTERINE PREGNANCY.

BY R. LAMB, L.R.C.P. LOND., M.R.C.S. ENG.

MRS. S——, aged twenty-six. Had been married eight years; had no children, and no miscarriages; catamenia regular, but profuse, up to the last three months. During this time only had a slight "show" at uncertain periods. Did not think she was pregnant. Bowels confined, and unable to hold her water. Had been suffering from pain in the left groin during the same period. Had no medical advice until the day before her death, when the pain at the bottom of the bowels became more severe. She went to the hospital as an out-patient on August 27th.

Aug. 27th.—11 P.M.: Patient was in bed, complaining of severe pain extending over the abdomen, which was tender to touch. Feels as if she would be relieved if she could pass wind. Bowels confined; abdomen somewhat tympanitic; no dulness over bladder region. Has difficulty in passing her water. Vomits everything she takes. Pulse small and quick. She was ordered a mixture containing spirits of chloroform, opium, and rhubarb, with drop doses of ipecacuanha wine; linseed-meal and mustard poultices over abdomen, and soda-water with milk as a drink.

28th.—Lying on the right side; abdomen not so distended and tender; bowels acted; vomiting continues. Passed some high-coloured urine. Still feels pain in the left iliac region. To continue the poultices and mixture.—4.30 P.M.: Nurse states patient was taken in "a fit." The arms were stretched out stiff, and face became pale. Did not cry out with pain. In half an hour she had a similar attack. At 6 P.M. I was called to the house, as patient was in "a fit." When I arrived she was on her right side, with her arms stretched out. The face and lips were blanched. No pulse to be felt at the wrist; pupils dilated, and eyeballs insensible to touch. No external hæmorrhage.

Post-mortem examination at 10 P.M.—Only allowed to open abdomen. The body externally was bloodless. Abdomen distended, and hard to feel. When opened blood spurted out. A large chamber-utensilful of blood was removed from the cavity of the abdomen. Bladder contracted and empty. In the left iliac fossa was seen a tumour the size of a hen's egg, with a clot of blood escaping from a small opening. The tumour was attached to the fimbriated extremity of the left Fallopian tube. On opening the tumour a male fœtus, about three-quarters of an inch long, was seen floating in a clear amber-coloured fluid. The bleeding appeared to have come from the placenta outside the sac. The uterus and both ovaries were healthy.

Richmond-road, Barnsbury, N., Sept. 1870.

CASES OF STRANGULATED HERNIA.

OPENING OF THE SACS; OMENTUM CUT OFF IN ONE CASE; IN ANOTHER, THE SAC CONTAINING THE APPENDIX CÆCI VERMIFORMIS; RECOVERY IN ALL.

BY JOSIAH COURT, L.R.C.P. LOND., M.R.C.S.

CASE 1.—Mary S——, aged fifty, married, sent for me on Feb. 1st, 1869. I found her suffering from a strangulated inguinal hernia, which had existed from the previous day. She vomited frequently; bowels were hard, tender, and tympanitic, and completely constipated; pulse 90; tongue furred. I applied the taxis without success, and ordered cold to the swelling, with an opiate every three hours. The symptoms subsided, although I could not reduce the tumour, neither did the bowels act. On Feb. 4th she grew worse, and every symptom of strangulation set in. In consultation with Dr. Black of Chesterfield, and Mr. Jones of Eckington, she was put under chloroform and the taxis once more tried, but without effect. I cut down on the tumour, and found a very tight stricture at the internal ring, which was divided, and reduction tried without opening the sac. The hernia would not go back. The sac was then opened, and we found what at first appeared to be a gland, but which on careful scrutiny turned out to be the vermiform appendix. It was firmly adherent to the neck of the sac, and after some time spent in separating adhesions and dividing two very firm bands, it was returned. The wound was closed with sutures, a pad of lint and spica bandage; one grain of opium to be taken every three hours.

Feb. 5th.—Patient passed a bad night; pain and vomiting; required catheter three times in the day. She had ice and champagne, with barley-water. To continue the opium.

6th.—Much the same; passed wind; pulse 110. Wound dressed, and looked healthy.

7th.—Pulse 100. Passed a copious stool, with great relief, after an enema.

She went on well from this day, and quite recovered, and at the present time is actively employed.

CASE 2.—I was summoned to John B——, aged forty-eight, iron-worker, on the 4th of March, 1869. He had a scrotal hernia on the left side, of the size of a cocoa-nut. It became strangulated on March 1st; yet, although he had stercoraceous vomiting, and the hernia was tense and his belly tympanitic, he made no complaint of pain. Pulse 98; intermitted one in ten beats. After consultation with Mr. Jones, the taxis having failed, he was put under chloroform. A longitudinal incision, three inches long and dividing the usual structures, exposed the sac, which was very tight and thick, and which was separated by a strong band into hourglass compartments. I was then obliged to open the sac; a large quantity of omentum bulged out, and behind it was coiled up about eight inches of intestine of a dull claret colour. Omentum healthy, but firmly adherent to the sac. The stricture was divided, and the bowel carefully returned, with some of the omentum. The greater part, weighing about three ounces, would not go back, so I cut it off, tied the vessels with ligatures, which were cut short and left in the wound. This was closed with sutures and a spica bandage. One grain of opium to be taken every three hours.

March 6th.—He had a restless night; no vomiting; bowels slightly moved; passed wind. Pulse 98; tongue clean.

7th.—He is improving. Abdomen softer. Wound dressed with carbolic-acid lotion.

9th.—Pulse 87; wound suppurating. Had a copious motion; no pain.

15th.—The scrotum enlarged and œdematous; a great deal of discharge. Matter has formed under the skin in a line with Poupart's ligament. Pulse 78; bowels regular; no pain.

The wound continued to discharge until the end of April. He had, however, been able to leave his bed on March 25th. In June he was able to go haymaking, the wound having quite healed, and the scrotum subsided under the use of strapping.

CASE 3.—Ann B——, aged thirty-nine, mother of six children, sent for me on Feb. 8th, 1870. I found her suffering from a small femoral hernia of the left side, which had become strangulated the day before. The symptoms were not urgent. Pulse 86; not much tenderness; no fæcal vomiting, but complete stoppage of the bowels. Although the swelling was somewhat reduced by the taxis, it would not entirely go back, a lump the size of a walnut remaining. The operation was therefore put off; ice was applied, and opiates regularly given.

She continued in the same way until the 10th, when the swelling, still irreducible, became more painful; the pulse rose to 94; she had pain in the belly, and vomited several times. The taxis was well tried under chloroform before the operation, but to no purpose. I therefore cut down on the sac, and tried reduction without opening it; but without avail. On cutting into the sac some pinkish serum escaped, and a small knuckle of bowel of a dark-purple colour was exposed, but no omentum. A very tight stricture was divided by incising the edge of Gimbernat's ligament, and the hernia was easily returned. Sutures, a pad, and a spica bandage, completed the operation. One grain of opium was given.

Feb. 11th.—She had a good night. Pulse 90; no pain; bowels flat.

14th.—Bowels acted twice after a dose of castor oil. Wound healing.

20th.—She is quite recovered, and now enjoys good health.

Remarks.—With regard to Case 1, it is an unusual thing to find the vermiform appendix in the sac. Before operating it looked so like a gland, and being in the inguinal region, which is not commonly the situation for women to be ruptured, some doubt was thrown upon the case. However, time was given, and when the symptoms became urgent the operation was done. Now in Case 3 we have a man with eight inches of dark, inflamed bowel, and a large piece of omentum in the sac, which has been strangulated four days, yet he *makes no complaint of pain*, and the pulse numbers only 98. Indeed, but for the unmistakable fæcal vomiting, I should have called the case an incarcerated hernia, and waited perhaps too long. I believe the suppuration in the wound was due to inflammation of the sac in the scrotum, and not

to the irritation of ligatures which were placed on the stump of omentum; the latter, moreover, was drawn up so as to close the abdominal ring. If I had left the omentum in the wound, and not cut it off, as in Dr. Tibbits' cases, there would not have been sufficient skin to cover the mass, which was very large. Absence of peritonitis after the operation proves that the ligature had no irritating effect upon the omentum.

Staveley, Chesterfield, July, 1870.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

CASE OF APHASIA CONSEQUENT ON FRIGHT.

(Under the care of Dr. HABERSHON.)

THREE weeks before admission, the patient, seeing one of her children scald herself, ran and caught her in her arms; and then, having handed her to another person, immediately lay down, and from that time remained for three days motionless, unconscious, and without food. She muttered occasionally; and her general appearance is described as being "dreamy." The first thing she remembered was a doctor being called in on the fourth day, when she recovered sufficiently to walk about, and to understand what was said to her. From that time she is said to have very gradually improved. On admission she could say two or three words very imperfectly, her pupils were equal, and her physical powers unimpaired. On being questioned, she indicated that she had great pain at the vertex of the head; when put to bed she lay quite passive. Three days afterwards she appeared perfectly intelligent, but replied to almost everything, sometimes with a little hesitation, "Yes 'm"; sometimes, however, to a question requiring a negative reply, two or three times repeated, she succeeded in answering "No m'm"; and once or twice she, with great effort, and after some failures, expressed one of the first two or three numerals, but days, weeks, months, and years were quite beyond her utterance, and, after several despairing shakes of the head, a great effort would end in the almost invariable "Yes 'm." She remained quite unable either to read or write. In five days more the pain in the head was less severe; she could make almost any reply requiring no more than two or three short words, but the interrogator was still addressed as "Mum." She also read one or two short words correctly, and was able to write her name distinctly. When again seen four days later, she was walking about the ward apparently in perfect health. She still complained of pain at the top of the head; and though her vocabulary was limited, and her speech sometimes hesitating, she was in a fairly convalescent condition.

Dr. Habershon remarked that this case, in which there was no evidence of anything more than some disturbance at the vertex, did not, so far as appearances went, confirm the theory of the localisation of the lesion producing aphasia. He also added, that the account which they had been able to obtain left it an open question whether the seizure which ushered in the affection had been epileptic.

ILL EFFECTS OF CHLORAL; CLINICAL REMARKS.

(Under the care of Dr. HABERSHON.)

A patient of Dr. Habershon, affected with aneurism of the thoracic aorta, suffering great pain and occasional attacks of dyspnœa, was ordered half a drachm of chloral at night, with a view to giving relief and procuring sleep. He became unconscious immediately after swallowing the draught; the face and hands turned livid and cold, and he breathed only at long intervals; indeed, for about five hours, death seemed to be impending. In the course of the next day, however, he had so far recovered as to be to all appearance none the worse for the dose. Dr. Habershon said that this was the first time he had administered chloral to a patient suffering from aneurism, and that the result confirmed the opinion he had formed from observation of its effects in cases of pneumonia and bronchitis, that, through the means of the pneumogastric nerve, it had a tendency to produce congestion of the bronchial tubes and the lung generally, and is not a suitable medicine in cases where the respiration is liable to embarrassment.

A CASE OF CONTRACTED MITRAL ORIFICE; PLUGGING OF THE LEFT FEMORAL ARTERY; DEATH.

(Under the care of Dr. HILTON FAGGE.)

The following account is gathered from notes by Mr. William Greaves.

The patient was twenty-six years of age; her father died of phthisis, her mother died suddenly from some unascertained cause; her four brothers and four sisters were all said to be healthy. She herself had always enjoyed good health until she had a severe attack of "brain fever" two years previously, since which she had led a laborious life as servant, and had had frequent attacks of "biliousness," accompanied by headache and vomiting. During the six weeks immediately preceding admission, the attacks of headache and sickness had become much more frequent; she lost strength and flesh, though her food was sufficient, and her legs swelled and became painful at night. Four days before admission, while out walking, she was seized with cramping pain down the whole of the left leg, and was taken home in a cab. The leg, ankle, and foot became painful, numb, and cold; loss of appetite, feverishness, and wandering followed, and finally she was brought in an exhausted condition to the hospital. She then complained of coldness and numbness of the left leg, which was found to be œdematous from below the knee, and very tender on pressure. No arterial pulsation could be detected below Poupart's ligament. There was no paralysis. The heart's apex was a little lower than natural, and a presystolic bruit, not increased towards the left side and axilla, was audible at the apex. The leg was wrapped in cotton wool and a blanket, and raised on a pillow. Although after admission the limb resumed its natural temperature, it remained so acutely painful that, in spite of opiates administered by the mouth, and hypodermic injections of morphia, the patient could get no sleep. During the night of the second day she had a severe attack of dyspnœa. On the third day the face was observed to be slightly drawn to the right side; the tongue could not be protruded beyond the lips, and there was complete loss of power of the left arm and hand; the pupils were closely contracted. She passed her water and motions in bed, and was rambling, restless, and irritable, but recognised her friends.

On the following day the mental confusion had passed off, and there was a partial return of power in the affected arm and hand. On the night of the fifth day the delirium returned, and on the sixth morning, though the thigh was warm, the temperature of the leg from the knee downwards was lower than natural. Along the outer side of the lower third of the leg ran a line of bluish cuticle, from one to two inches in breadth; with the exception of a similar bluish patch on its outer side, the foot was white and waxy; the toes, also, were discoloured, and the power of sensation in them so far impaired that the patient was unable to decide which of them was touched. The limb was wrapped in lint soaked in carbolic oil (of the strength of 1 in 20), and in cotton-wool and blankets. The condition of the affected hand and arm continued to improve. After this the pain in the leg very much abated, and she passed a good night; the seventh morning found her much relieved as to the pain, but flushed, and breathing forty times to the minute.

On the ninth day there was a sensation of pins and needles in the foot, and the heel was found to have become livid. During the night she was once more seized with distressing dyspnœa, and on the following day the pain in the limb was increased, and she became anxious and irritable.

Throughout the eleventh day the dyspnœa was very urgent, and the patient was drowsy; an examination of the chest revealed no lung mischief. The dyspnœa increased

throughout the twelfth day, and the power of the left hand and arm was found to be again completely lost. Towards evening she became comatose, and she died at four o'clock on the following morning.

At the post-mortem examination the cerebrum was found to be healthy. The cerebral arteries were carefully examined microscopically, but no emboli could be discovered. The cerebellum was so hard that it could with difficulty be broken by the pressure of the thumb or finger. The lungs were œdematous. The mitral orifice was so contracted as only to admit the tip of one finger; the left auricle was very considerably dilated and hypertrophied, and a vegetation about the size of a hazel-nut was found on the edge of one of the mitral valves. The liver was nutmeggy. In the left femoral artery was found a plug of fibrine two inches in length, just above the origin of the profunda. On the surface of the left kidney there was an embolic patch of about the size of a crown, extending like a wedge into the substance of the organ, and surrounded by a dark-red ring of congestion. The spleen also contained an embolic patch of about the size of a shilling.

UNIVERSITY COLLEGE HOSPITAL.

A CASE OF LEUCOCYTHÆMIA WITH ENLARGED SPLEEN.

(Under the care of Dr. RUSSELL REYNOLDS.)

THE particulars of this case are gathered from the report of Mr. Walter Rigden, physician's assistant.

At twenty-two years of age the patient had an attack of jaundice, and four years later was laid up for six weeks with rheumatic fever, which was declared by his medical attendant to have been neither accompanied nor followed by any heart affection, nor did he subsequently suffer from palpitation. At the age of twenty-eight he emigrated to New Zealand, where for two years he worked as an accountant, living well, and drinking on an average half a pint of neat spirit (usually whisky) in a day. The next two years and a half he spent at the gold-diggings, working hard, often up to his knees in water and from morning till evening in damp clothes. Neither he nor any of his companions, however, suffered from jungle fever during this period. But great weakness compelling him to abandon this occupation, he took a situation in an auctioneer's office, which involved a great deal of horse exercise. His health becoming worse, he started for England nine months afterwards. During the voyage his prostration increased, but not in consequence of sea-sickness. While on board ship he first discovered a fulness of the epigastrium, and beneath it a body of a spongy consistence; and he became troubled with a feeling of uneasiness, much increased after taking food. A week after this discovery he had a fainting fit, and during the remainder of the voyage was unable to reach the deck without assistance; about this time, also, his legs and feet began to swell and to pit on pressure. Shortly after his return he was admitted to the hospital. He was found to be anæmic and somewhat wasted, but his muscles were not flabby. A tumour, commencing at the upper border of the seventh rib in the mammary line and of the ninth rib in the axillary line, and reaching to an inch below the level of the anterior superior spine of the ilium, was found to occupy the whole of the left side of the abdomen, and to extend about an inch to the right of the mesial line below, and to the ensiform cartilage above. At the lowest part of the right margin was a lump apparently distinct from the remainder of the tumour. Posteriorly it extended into the left loin. The area of hepatic dulness in the mammary line commenced at the fourth rib, and extended downwards six and a half inches; in the axillary line it commenced at the upper border of the seventh rib, and extended five inches downwards. In this area there was a marked prominence of the ribs; the heart was slightly pushed upwards. The tumour was not tender, and the patient's suffering appeared to arise from nothing more than dyspepsia and a sense of weight and oppression. After a short stay in the hospital he was discharged at his own request.

The temperature of the patient had generally been a little over 99° F. in the morning and 101° F. in the evening. The urine had been free from albumen; but the blood had been found to contain about as many white as red corpuscles. The former varied much in size, some being twice as large as an ordinary white blood-corpuscle; many of them also were very distinctly granular. The treatment had consisted in the administration, at first, of a mixture of the perchloride of iron and quinine; and subsequently of doses of iodide of potassium, first of eight, and later of twelve grains. He also used to rub the side with the ointment of the red iodide of mercury, and then expose the part to the fire for twenty minutes.

The man was admitted a second time seven months after leaving the hospital, and gave the following account of himself:—He had continued in much the same state of health for five months. About that time he had a tooth and a stump extracted, and the operation was followed by severe bleeding, which persisted for several days in spite of astringents—gallic acid, perchloride of iron, nitrate of silver, &c. By the loss of blood he was much reduced, and became thinner and weaker. His abdomen, also, became much smaller, and the spleen very distinct. He then became thirsty and constipated, and felt shooting pains on the surface of the belly, which was tender to the touch. Within the last five weeks he had noticed an increased swelling in his abdomen, which, being treated as due to flatulence, increased considerably. Then, having slept one night with the windows open, he awoke in the morning with great pain in his right and left hypochondriac regions. It was observed that he had fluid in his abdomen, and he was recommended to go to the hospital. His legs had continued to be a little swollen, especially in the evening, and his eyes had sometimes been puffy in the morning.

On readmission he was pale and much emaciated, and his muscles were flabby. The hepatic dulness commenced at the lower border of the fourth rib, the lower margin being indistinguishable from abdominal dulness. In the left axilla dulness commenced a little below the level of the nipple. The abdomen was distinctly bulged in the left hypochondriac region. It measured at the ensiform cartilage 39 in.; 20 in. on the right side, 19 in. on the left; at the umbilicus, 22½ in. on the left side, and 21½ in. on the right; half way between the ensiform cartilage and umbilicus, 21½ in. on the left side, 21 in. on the right; from the ensiform cartilage to the pubes, 15½ in. The umbilicus was obliterated, and the superficial veins enlarged. Free fluctuation was elicited in all directions. The spleen could be felt as a hard resisting mass, occupying the left side of the abdomen; the edge, which was very firm, could be traced from the left hypochondrium downwards, and across to the right side, crossing the middle line about 1½ in. below the umbilicus. Over the lower part of the back the skin pitted on pressure, as did the feet and legs up to the knees on both sides. The blood, as seen under the microscope, contained about as many white as red corpuscles, the white corpuscles being very granular and varied in size.

Three days after admission, the abdominal distension having increased, and the breathing being much embarrassed, Dr. Reynolds ordered him to be tapped, and nine pints of a clear reddish fluid were drawn off. It had a specific gravity of 1010, was slightly alkaline, and on boiling after the addition of a few drops of acetic acid, became almost solid. Under the microscope it showed many blood-corpuscles, both red and white, the latter rather predominating, of various sizes, and presenting the same characters as those of the blood. In the evening he complained of pain over both mammary regions, very severe on the left side; fine pleuritic friction was heard on the right side; on the left a very loud rubbing friction-sound of pericardial and pleuritic rhythm, which ceased entirely on his holding his breath; also very distinct friction fremitus was noticed. In two days more the friction-sound was less audible, and the breathing much easier. The urine contained no albumen.

Four days after the tapping his breathing became worse again; six days after, his pulse was very small and weak, 112. He was lying on his right side, too ill to be moved. Air entered freely the base of the left lung; no friction was audible, but there was dulness on the right front almost to the apex. The abdomen was tympanitic, except over the spleen, and measured at the umbilicus 38¾ inches. He died in the afternoon.

Since readmission his temperature had always been elevated, one evening rising as high as 101° F. It had never been under 99° F.

Autopsy by Dr. BASTIAN *twenty-two hours after death.*—No morbid appearance in the brain or membranes, excepting a

somewhat anæmic condition of brain-substance. On cutting through the costal cartilages of the right side, a large quantity of clear, yellow serosity escaped; none escaped on the left side. The abdominal parietes were adherent to the surfaces of the liver, omentum, and spleen; the latter organ extended downwards to below the level of the left iliac crest. The great omentum was considerably thickened, and the intestines matted together by recent adhesions. About two pints and a half of fluid were contained in the abdominal cavity.—Thorax: The right pleural cavity was full of fluid; the right lung compressed to a very small bulk, almost airless, and sank in water. On the left side there was no fluid in the pleura; the lung almost healthy, slightly more solid and softer than natural, congested and œdematous. The pericardium contained about two ounces of clear yellow fluid; the cavities of the heart were distended with chocolate-coloured blood, loosely coagulated; the valves were healthy; the substance of the heart flaccid, paler than natural; there were no ecchymotic spots on the internal or external surface.—The spleen weighed 10 lb. 1 oz. It measured 14 inches in length, 10½ in breadth, and was 4 inches in thickness. It was adherent to the parietes and adjacent viscera, and covered on the surface by recent reticulated lymph, similar in appearance to that frequently met with on the surface of inflamed pericardium. The whole organ was extremely hard and rigid, the section perfectly smooth, free from pulp, and had a mottled appearance, though for the most part it was much paler than natural. It could not be broken down by pressure with the thumb. On application of a weak solution of iodine to the cut surface, there was no staining indicative of waxy degeneration. On a microscopical examination, also, it was found that the spleen was free from all traces of waxy degeneration. The increased size of the organ seemed to be due to a condition of hypertrophy with induration. The trabeculæ were increased in number and thickness, whilst the venous sinuses were considerably diminished in number, and in addition the splenic corpuscles were generally more granular and much larger than natural. The liver was notably enlarged; it weighed 8 lb., and was much paler and more flabby than natural. The capsule was opaque and thickened; there were no distinct leucocythæmic-looking patches. The kidneys were pale and of natural size, but there was one small white patch of pearly appearance, about the size of a small pea, in each kidney. The stomach and intestines presented no notable morbid appearances; some of the mesenteric glands were slightly enlarged, but the other abdominal lymphatic glands presented nothing unusual.

ST. GEORGE'S HOSPITAL.

CASE OF PRESSURE ON THE MEDULLA OBLONGATA COMPLICATED BY APOPLEXY.

(Under the care of Dr. FULLER.)

FROM Dr. Laking's notes it appears that the patient, on admission, complained of pain at the back of the head, which had come on three months previously, and had been accompanied by frequent attacks of shivering, and also of pain extending down both the arms. She was unable to move the head except by the aid of her hands; and the back of the neck, the tissues of which were infiltrated and brawny as far down as the vertebra prominens, exhibited the recent scar of a seton, which, according to her account, had at first given her some relief. Her speech was rather thick, and she complained of sore-throat, but nothing was to be seen on examining the fauces and pharynx. The cervical glands were enlarged. Three days after admission (the headache continuing) she had much difficulty in swallowing, and was scarcely able to open her mouth. On the evening of the fifth day, while she was taking her tea, a shivering fit came on, and she lay down wrapped in a blanket; ten minutes afterwards she was seen to turn on her side, and was found to be dead.

The following are Dr. Whipham's notes of the post-mortem examination:—The body was anæmic, but well nourished and in good condition. There was extensive caries of the anterior arch of the atlas, of the root of the odontoid process, and also of the surfaces by which the axis articulates with the atlas. The bodies of the third and fourth cervical vertebræ were also affected, but the caries was nowhere deep. The tissues in front of the upper part of the spinal column were thickened, and on removing a portion of them a collection of pus was found burrowing among these tissues. A sinus led down to the carious bodies of the third and fourth vertebræ, and also to dead loose pieces of bone between them. By the spread of the morbid process the transverse ligament had been divided close to its right attachment, and the odontoid process had, in consequence, pressed upon the spinal cord. In the cavity of the arachnoid was a little clear fluid. The convolutions on the surface of the brain were flattened, and a large quantity of fluid was found in the lateral ventricles, the anterior cornua of which were occupied by recent clots, which in shape exactly resembled a common leech when contracted. The central ganglia were natural. Beneath the arachnoid, covering the base of the brain, was a large recent coagulum, which covered all the structures included in the circle of Willis, and was found to extend downwards beneath the spinal arachnoid, nearly as far as the cauda equina. It also passed upwards into the cerebellum, into the fourth ventricle, which it filled, and along the iter a tertio ad quartum ventriculum, into the third ventricle, which it also completely filled. Laterally, the extravasation had followed the course of both the middle cerebral arteries, forming, as it were, a sheath to these vessels. About the spot where they give off their first set of branches the clot was decolorised, but everywhere else it was of a very dark colour. On the left side of the pons and medulla oblongata was a small collection of purulent lymph. In the extreme lower part of the left lung was a small cretaceous mass; and the anterior border of the right lung was emphysematous. The valves and muscular structure of the heart were natural, but the ventricles were partly contracted, and a small decolorised clot occupied the right ventricle. The liver was hard, and gorged with blood; the spleen was soft and rotten. The left kidney weighed ten ounces and a half, and was extremely congested; its surface was slightly uneven, and its capsule somewhat adherent; the corresponding renal artery was considerably enlarged. The right kidney weighed three ounces and a half; its pelvis and cones were greatly dilated, as was also the channel of the ureter; but no obstruction could be detected. The renal artery on this side was diminished—in fact, barely half the size of the opposite vessel.

A CURSORY NOTE ON

THE WAR AND THE WOUNDED IN BOTH ARMIES.

(*Contributed by* HENRY SLADE, Esq., Staff Surgeon Royal Navy.)

I AM unwilling to allow a journey that I have just made through both the French and German armies to pass unnoticed in THE LANCET, although the fact of having traversed such a large extent of territory in a short time diminishes the value of observations on the wounded which I hoped to have made when I left England.

I obtained a short leave of absence from the Admiralty to visit France, intending to spend it in the neighbourhood of Nancy, the capital of Lorraine, at a time when a great battle or series of battles was expected between that city and the German frontier; when Nancy and the neighbourhood must have been filled with wounded. Events, however, turned out differently. The Prussians advanced without a check, and I was compelled in my return journey to England to come by the Rhine and Germany, with a special permission to travel. Others, who will have opportunities during the war of making observations at different circumscribed localities, will, doubtless, favour the profession with valuable information on hospitals and on gunshot wounds.

As soon as I arrived at the Eastern Railway station in Paris to go to Nancy, the physical inferiority of the French army, compared with their enemy, was forced on my atten-

tion. The train conveyed a number of very young men to join the Garde Mobile at Chalons and other towns. Amongst them were few whose physical development would have permitted their entry into the British army or navy; and they appeared to me to be below the average even of the French infantry soldier. One young man—a better specimen than most of them,—with very bad teeth, and who had lost all the upper incisors, told me he was going to join the active army of the Rhine. It is true this was only a reserve force; but I thought if such a reserve as this had to meet such a reserve as the Prussian Landwehr, God help them! This was before the first French disaster; but disaster after disaster has since shown how well grounded my opinion was.

At Nancy I found a well-appointed volunteer ambulance corps encamped outside the town, just arrived from Paris to follow the army. It consisted altogether of about sixty persons and fifty horses. The chief was a Paris hospital surgeon, under whom were four surgeons, ten assistant-surgeons, and twelve dressers. There were six waggons, carrying tents, sacks, and surgical requisites; the sacks were more particularly intended to be filled with some material to form beds when necessary. The waggons could probably also be used for the transport of the wounded. There were also a priest or two, and officers corresponding with paymasters, adjutants, &c., who took charge of the nurses, drivers, and also the *matériel* of the ambulance. They all wore a plain dark useful uniform, with the international badge, the red cross of the Geneva Convention, on the left arm and on the cap; each waggon was also protected by the flag of the Convention—white, with a red cross; and this badge obtains throughout both armies.

The dispatches containing the news of their earlier unsuccessful battles becoming known at this time, made the people so irritable and suspicious of all foreigners, that great caution was necessary in conducting one's self amongst them. I believe your Special Correspondent was arrested twice in one day at Metz, and this excessive suspicion from the first has shown that the unfortunate French felt their inherent weakness.

At Metz I was permitted to visit the military hospital, through the politeness of Dr. Ehrmann, the médecin principal, première classe, although he would not accept all the responsibility of taking a foreigner round with him. This hospital is a quadrangular building, about the size, apparently, of St. Bartholomew's, with well-kept good wards, rather crowded. There were no very serious cases of wounds, such as of the great cavities; these are retained nearer the fields of battle (Metz was then sixty miles from the scene of their great defeat). There were no gunshot fractures of the extremities. All fractures of the lower extremities, in whatever situation, were uniformly treated by the long splint, the limb lying on a surface adapted to the shape of its posterior aspect, without any bandages, even a roller round the limb next the skin. Dr. Ehrmann performed several small operations on the hand, gunshot injuries, all under chloroform. The proportion of common accidents in this hospital was large—injuries in trains, from waggons, horses, &c., during the march. One or two men were unsuccessfully endeavouring to get admitted for fancied injuries. Wounded were arriving by every train, and an empty barrack was just taken for further accommodation. Young medical men from civil life were coming into Metz, and being placed under military control. One gentleman bearing the red cross must have come from the Aid Society in London. "Baraques," on a modified American system, with ridge ventilation, were in course of construction; but no amount of accommodation could have been adequate to the enormous requirements during the last fortnight of the unfortunate city of Metz,—the virgin city, which has never yet been taken.

Baron Larrey, the chief of the Army Medical Department, was at Metz in his capacity of Surgeon-in-Ordinary to the Emperor. As is generally known, he is the son of Baron Larrey, the distinguished surgeon who followed the armies of the first Emperor. Belonging to the household of the Emperor, he is probably now in exile with him.

On my return to Nancy, I found the military medical officer who lately had charge there was ordered to Chalons, and the civilian medical man left in charge was so bewildered by the terrible events that were taking place round him, and the expected arrival of the dreaded Prussians, that he forgot to redeem a promise he made in a note to me, to inform me if any wounded should arrive. No severe cases were, however, at Nancy at that time. After the occupation of the city by the Prussians the most severe case I knew of was a gunshot fracture of the humerus. It is no part of the Prussian plan to accumulate wounded at Nancy, or in any of the French towns; their plan is to transport them as far as possible from the seat of war, wherever they can be carried by the railways or the Rhine.

There were ten steamboats—American river boats—at Mayence, each one employed in carrying wounded on the river. In these boats, which all bear the flag of the Convention, the patients travel with great comfort. They are laid on deck on beds, under the cover of the deck-house, and are accompanied by a doctor and a staff of attendants. The attendants may be got easily, as half Germany appears to have bound the red cross on their arms; but doctors can hardly be spared for these long journeys, detaching them, as it does, from the heavy work at the seat of war. For transport on the railways, the wounded are laid in empty carriages and horse boxes, made as comfortable as possible, for their reception; or in seated carriages, where the nature of the wounds will permit. At every station there is a staff of the sanitary corps, and at the larger stations a doctor and a full supply of surgical appliances, drugs, and stimulants. Refreshments are brought to the train by cheerful hand-maidens, and Prussians, French, and Turcos are relieved from the same gentle sources. At the station at Coblentz, which is only an example of what other large stations are, I remarked the completeness of the arrangements. In a long shed, facing the train, were arranged bandages, linen, charpie, and underclothing; opiates, chloroform, and styptics; bread, various drinks, and a variety of refreshments, not forgetting cigars—indeed, everything that could be found in the kitchen or the wards of a large hospital. The probable arrival of a train is telegraphed, with the number of wounded, and everything is ready for their reception. The organisation leaves nothing to be desired. Civil surgeons are employed in all the towns, surgical professors from medical schools having the general supervision of certain places. Langenbeck, the distinguished surgeon of Berlin, is with the army near the King. Every town in Germany by this time must have some wounded, and every village applies to assist in the work.

On branching off from the Eastern Railway, near Strasburg, turning towards Germany, the first assemblage of wounded is found at Soultz-sous-Forets, where, close to the railway station, and large heaps of French accoutrements and chassepots, are six roughly constructed baraques. These are simple wooden sheds, roofed like the letter **A**, the apex being open. An **A**-shaped ridge is erected over the opening, overlapping it sufficiently to prevent the entry of rain, while the whole length of the apex of the roof being open affords means for a rough kind of ventilation. Time did not permit me to visit the interior of these, which contained very severe cases from the battles in the immediate neighbourhood, chiefly perhaps from Woerth.

At the station of Bischwaller was a little French assistant-surgeon from a line regiment, who was taken prisoner in a *mêlée*, from not having the red cross badge on his arm. The Prussians had given him one, which he wore; and were scowling at him as he rehearsed his wrongs with great volubility, especially pointing out the injustice of sending him round into neutral territory, when, as he said, it was all a mistake his being made a prisoner!

At Wissemburg, a small town near where the great battle was fought, there were 300 severe cases left a fortnight after the fight. At Heidelberg, which only contains about 18,000 inhabitants, there are fourteen different hospitals. Over every one, as well as over every committee-room or store belonging to the sanitary corps, flies the Geneva Convention flag. In these hospitals the Prussian, Frenchman, and Turco, lie side by side, and are treated alike. The rumours that one hears of the difference in the attention paid to the wounded Prussians and to the prisoners, can only refer to the immediate scenes of action, where, almost in the heat of conflict, and with an overwhelming number of wounded, it can be imagined that the friend might be considered before the foe. Such is human nature. The University at Heidelberg forms one of the hospitals. The lecture-hall, the pictures and some of the seats still remaining, is one large ward; other rooms are devoted to the same purpose, with a staff of lady attendants. Here

are many severe cases—wounds of the chest, abdomen, and large joints. Here was a case of a man with a ball in his chest, who was comparatively well when lying quietly on his back, but on moving at times suffered from severe paroxysms of dyspnœa; a case where the ball moved in the cavity of the pleura? Judging from the cases of resection and gunshot fractures that were doing well in the Prussian hospitals, there appeared to be a great deal of conservative surgery; but no one can tell the proportion of losses between the battle-field and these hospitals after the earlier operations. At Heidelberg a young Englishman has charge of a number of interesting cases, which he kindly described to me. His hospital is a large unfinished store, extemporised for the wounded. Here are some model baraques, regularly built wooden buildings, the floors raised several feet above the ground. One building I visited is divided into two good wards, transversely lighted by opposite side windows. They have ridge ventilation, by means of perpendicular and opposite skylights, running the whole length of the roof, and covered in by a roof which forms the ridge; as seen from the outside. These perpendicular lights are opened and shut by cords, precisely as one sees in large public rooms. They are well fitted with beds and internal accommodation, and merit a minute description for future guidance.

At Mannheim there are seven hospitals, under the general superintendence of Professor Volkmann, Professor of Surgery in the University of Halle. Here the liberality of a private gentleman has placed a mansion at the disposal of the authorities for an officers' hospital. Here were twenty-five badly wounded Prussians; one, a son of General Manteuffel, who commands near the King, was lying with a bullet wound through the knee-joint, apparently doing well. There is a case of excision of the ankle-joint from a bullet-wound, by Professor Volkmann, a very ugly-looking wound, but with some prospect of recovery. The leg was kept suspended by cords, the thigh being in a semi-flexed position, admitting of motion of the body in bed. A more interesting case was a fracture of the skull from a ball; a portion of the left parietal bone was gone and the brain exposed. The patient was partially paralysed, but perfectly sensible; indeed, he said in English, "It is very curious," meaning his case.

A rope-walk is here converted into a very fair hospital, but the means of ventilation are not under command. It contains about 150 men. Here were some men who had come in just as they were first dressed on the field of battle, and who passed the first days in continual sleep from excessive fatigue, notwithstanding their wounds. At most of these hospitals carbolic acid appeared to be used as a deodorising agent, Condy's fluid not being in such request. Plaster-of-Paris, in lieu of splints for fractures and other cases requiring rest and support, is much used; but not to the extent I saw it used by the Prussians in the Austrian war of 1866, where the wards of a hospital at Brünn resembled a sculptor's studio, with the cases of limbs lying round the room. Wire splints are much used.

At Mayence I saw a patient in whom the brachial artery had been tied for hæmorrhage, and an amputation at the shoulder-joint in an officer, who spoke of the very distinct feeling he still had of the hand and fingers.

A French prisoner here had received a ball in the left orbit. Passing through the nose and ploughing up the right eyeball, it went out through the right zygomatic arch. He suffered little, could see with his left eye, has no head symptoms, and appeared to be doing well.

The irrigator is still much used by the Prussians for washing out wounds, and where the hard bone nozzle cannot be introduced into a wound they wish to cleanse, they adapt a flexible nozzle to the end of the tube, which insinuates itself into the irregularities of the wound. The French hold to the syringe for the same purpose.

As is well known, "charpie" is used on the Continent instead of lint, lint being really unknown to Continental surgeons. The societies who are sending necessaries for the wounded should therefore avoid this expensive article and send rags only, of which charpie can be made, or make charpie by pulling the linen into threads three or four inches long.

Should the war continue long, France and Germany must become, what Germany is indeed already, a vast hospital.

Sept. 9th, 1870.

SOCIAL SCIENCE CONGRESS.

THE forthcoming annual congress of the Social Science Association, to be held at Newcastle-on-Tyne from the 21st to the 28th instant, bids fair to be a great success. The efforts now being made by the local authorities warrant the expectation that a large and influential gathering will be the result. The Association this year is presided over by the Duke of Northumberland, who will deliver his inaugural address on the first day of the meeting. This address will be followed on successive days by the address of the chairman of council, G. W. Hastings, Esq., and of the presidents of departments. After the addresses each morning the business of the departments will commence.

The president of the Health Department is Robert Rawlinson, Esq., C.B., C.E., of the Local Government Act Office; and the vice-presidents, J. Lowthian Bell, Esq., Dr. Carlton, D.C.L., Dr. Farr, F.R.S., George Godwin, F.R.S., and Dr. Stevenson Macadam, F.R.S.E. The special questions for discussion in this department are:—1. What is the best method of disposing of sewage and excreta? 2. What modifications are desirable in the existing sanitary laws and administration? 3. What legislative measures ought to be taken to prevent the adulteration of food, drink, and drugs?

On the first question no less than five papers have been offered by gentlemen of practical experience in the various means of economising sewage. On the second question the department will have the able assistance of Mr. W. H. Michael, barrister at law, and formerly of the medical profession, and of the Right Hon. Sir Charles B. Adderley, C.B., M.P., who will take part in the discussion. On the third special question Dr. Letheby will contribute a paper, in which he will give his experience of the working of the present law, and its utter uselessness as a means of preventing adulteration. To this he will add a statement founded on his knowledge of practices which are carried on to a large extent within the City of London. The editor of the *Food Journal* will also contribute a paper on this question. Besides these, voluntary papers have already been sent in. Among them may be mentioned the following:—"On Cottage Hospitals," by Dr. Jones, of Aspatria; "On the Construction of Sewage Works," by John Lawson, Esq.; "On the Water-supply of Towns," and the "Utilisation of Sewage," by Dr. Elliott, of Carlisle; and on the "Compulsory arrangements for avoiding chemical fumes and smoke in towns," by Luke Armstrong, Esq., of South Shields. One other subject to be discussed, in another section, coming near to the interests of the medical profession is that of "What measures may be adopted with a view to the repression of habitual drunkenness?" At the congress held at Bristol the question was discussed in another form in the Health Department, and Dr. Symonds and Dr. Gardiner read papers. The subject is one very difficult to handle, and ought to be taken up by some gentleman who is well qualified to grapple with its details. As usual, there will be two soirées, and several excursions, as a relief to the fatigues of business, have been arranged. Altogether, as we have said, there is every prospect of a most successful meeting.

DR. BOLLEY, the celebrated Professor of Chemistry at the Polytechnic School, Zurich, died suddenly on the 3rd August. He was a native of Heidelberg, where he was born in 1812, and had held positions as assistant and professor in the university of his native town, at the Cantonal School of Aargau, and the Federal Polytechnic School at Zurich. From 1859 to 1866 he was director of this school, and during that time the number of students increased greatly, being attracted from all the civilised countries of the world. He was a commissioner from the Federal Government to the London Exhibitions of 1851 and 1862, and to that at Paris in 1867. The works by which he will be best known are his "Manual of Technico-Chemical Research," and his contributions to the most complete and valuable work on chemical technology. To his efforts is greatly due the foremost position which the Polytechnical School at Zurich enjoys among the technical schools of the continent.

THE LANCET.

LONDON: SATURDAY, SEPTEMBER 17, 1870.

THE selection of Professor HUXLEY as the President of the British Association is a recognition of the merits of the philosopher, and not a compliment paid to the surgeon. It is impossible, however, that it should be otherwise than highly gratifying to the profession to furnish from its ranks the honoured representative of British Science for the coming year; and it is still more gratifying to feel that the chair has never been more worthily or more appropriately filled. Professor HUXLEY is in every sense a representative man; and no better selection could possibly have been made.

The new President has gained, we hardly know why or how, the reputation of being a somewhat combative philosopher. It has been said that he loves to bring his keen wit and his trenchant sarcasm to bear upon those who differ from him; and his uprising in a debate is always the signal for that intense silence which is the highest tribute paid by an audience to the powers of an orator. For ourselves, we hold a somewhat different view, and look upon him as a man of peace, who loves truth above all things, and who does but come energetically to the rescue when he conceives that she is attacked or endangered. The presidential chair is, of course, a place in which the fire of the advocate must give way to the calmness of the judge; but the change would not be easy if the advocate really sought and revelled in the fray. We are glad to point out that Prof. HUXLEY's address supports our view of his character, and that it has entirely disappointed those who had expected him to signalise his elevation by a controversial and exciting discourse.

Avoiding many questions with which his name has been much connected, and avoiding also any attempt to take a general survey of the whole field of science, the Professor almost confined himself to the history of researches with regard to spontaneous generation. He pointed out how it was the accepted belief, from the most ancient times to the seventeenth century, that grubs, maggots, and the like, were generated in the substances that they inhabited; and that this belief was first opposed, two hundred and two years ago, by FRANCESCO REDI, who traced ordinary maggots to the eggs of blowflies, and enunciated the doctrine that all life sprang from antecedent life (*omne vivum ex vivo*). Professor HUXLEY proposes to call this hypothesis *Biogenesis*; and the opposite one, that living matter may be produced by not living matter, *Abiogenesis*. These words will be as welcome as they are expressive, and will introduce at least new sounds into the controversy to which they relate. REDI, it seems, believed in the possibility of two forms of Biogenesis—either the ordinary reproduction of offspring like the parent, or the production of offspring totally unlike. These forms may be distinguished as *Homogenesis* and *Xenogenesis*; and the avowed object of the address was to inquire how far the beliefs of REDI had been confirmed and established by the progress of science.

Now in favour of Biogenesis, which no one doubts to be a very common and every-day occurrence, Professor HUXLEY advances a vast array of arguments; and he proves quite conclusively a great deal that nobody ever doubted or denied. The whole dispute about REDI's doctrine turns on the word "*omne*"; and there is a curious want of appreciation of this in the paragraph of the address which says that, "on the other side, the sole assertion worthy of attention is that hermetically sealed fluids which have been exposed to great and long-continued heat have sometimes exhibited living forms of low organisation when they have been opened." It seems to us that this, if properly authenticated and placed beyond the reach of dispute or accidental error, is Abiogenesis. In the meanwhile, inquirers are at issue about the efficiency of the modes of hermetically sealing or of the degree of heat applied; and the experimental war goes merrily on, much in the fashion of that between the great guns and the armour plates. Now one, now the other, view is in the ascendant; and we confess that the problem seems to us to be insoluble.

About Xenogenesis, however, there is much of interest to be said; and Professor HUXLEY most correctly points out that morbid growths appear to be in some degree illustrations of a process difficult to be distinguished from it. A cancer may almost be regarded as an independent existence; and, if it originates in the organism that it inhabits and eventually destroys, it cannot be considered as a result of homogenetic reproduction. A still stronger case is furnished by the Microzymes of vaccine lymph, of sheep-pox, and of glanders, described by Dr. BURDON-SANDERSON in the Twelfth Report of the Medical Officer of the Privy Council, in an essay to which Professor HUXLEY pays a well-deserved tribute as "one of the clearest, most comprehensive, and well-reasoned discussions of a great question which has come under my notice for a long time." The question whether these Microzymes are the results of Homogenesis or of Xenogenesis; whether they are capable, like the Torulæ of yeast, of arising only by the development of pre-existing germs; or whether, like the constituents of a nut-gall, they are the results of a modification and individualisation of the tissues of the body in which they are found, is rightly said to be one of most profound importance, both from a practical and from a theoretical point of view. "A parasite may be stamped out by destroying its germs; but a pathological product can only be annihilated by removing the conditions which give rise to it." A correct judgment as to which of these tasks we are called upon to undertake will be the first step to success in the prevention of self-propagating diseases. Professor HUXLEY leans towards the biogenetic view; and advances, as an analogy in its favour, the researches of PASTEUR into the Pébrine of the silkworm, and the success which has attended his suggestions for its extinction. But what is perhaps more to the purpose than any of these subtleties is that the President of the British Association, in the presence of a large and most distinguished audience, boldly stated that the salvation of life from disease is one of the greatest achievements and most worthy aims of science.

He called attention to the terrible fatality of scarlet fever during the past decade; and he spoke of the "long suffered" massacre of our innocents. We trust his words will excite an echo in the minds of many of his hearers; and that they will hasten the arrival of the day when the "long suffered" neglect of the safety of the community, by those who profess to govern the country, will be viewed in its true light as a wonderful instance of culpable indolence and apathy. We shudder at the carnage of war; and yet our so-called statesmen surrender the lives of thousands of their fellow-countrymen to the unchecked course of preventable disease.

THE relation of the medical practitioner to the druggist, and the respective duties of these parties, are very old questions affecting our profession. How are good drugs to be supplied in sufficient quantity without impairing the dignity of the medical adviser, and without pecuniary inconvenience to the patient?

The common doctrine on this subject—to which, as members of a learned profession, we all lean—is that the preparation of drugs for the use of our patients is a duty properly devolving upon druggists, and not upon medical practitioners. The classical way of stating this common doctrine is to descant on the time of HIPPOCRATES, in which disease was treated mainly by hygiene and diet, and pharmacy consisted only of a few simples. As the materia medica became more elaborate and complicated, we find that a special class of citizens undertook the preparation of what physicians ordered. This class was found first in the Roman Empire, and ripened into the apothecary, who since then has risen up in all States. In most States he has been restricted to the simple duty of preparing drugs under the instruction or prescription of an educated physician. He himself has been more or less educated; his preparations have been subject to inspection; and his prices and profits have been stipulated by the Government, or some body to which the Government delegated this peculiar duty. The more practical way of stating the common doctrine is to say that the medical practitioner, if he would keep pace with his science, and duly acquaint himself with the improved literature of disease and the ever-multiplying devices for its detection and treatment, should be liberated from care about mere drugs. Moreover, and especially, we all feel that, as professional men, we should be paid for *opinion*, for the exercise of our brains—supposing us to have such things,—and for the use of scientific methods of detecting and curing disease. The preparation of the drugs taken by our patients is either a mechanical thing to be done by a pupil in his second year, or a matter of pharmaceutical chemistry for which we are clearly incompetent as being otherwise engaged. Finally, the notion of making our remuneration turn upon the amount of medicine supplied is one that has become perfectly abhorrent to every medical man not keeping a shop and dealing in toothbrushes and cholera mixtures. Such are the views and feelings of medical men, showing a marked tendency to close their surgeries and devolve all pharmacy upon chemists and druggists. In a word, let us say that, speaking abstractedly, these are our views and feelings. And if our subsequent remarks seem to be dictated by an opposite spirit, it is only because we wish to show the real difficulties in the way of such arrangements. There are certainly serious objections to such arrangements, and, unless pharmaceutical chemists can suggest some practical way of obviating them, we fear it will devolve upon the mass of general practitioners to continue to supply their own medicines.

Before we state the two main objections—one of them illustrated practically by a letter in our present impression,—let us incidentally say to the numerous and just admirers of ancient medicine that medicines now necessarily and deservedly occupy a place in the esteem of the physician very different from the place they held in the days of HIPPOCRATES. Then diet and hygiene were indeed the grand agents of cure. And so, perhaps, they are now. But notwithstanding the growing tendency to sneer at drugs, we may fearlessly assert that they were never so valuable as now, and that the disuse of them by physicians would be at once cruel and criminal. True, it is possible to overrate the importance of drugs; but this is less likely to be done by a physician using them intelligently than by those who have had no means of studying disease and its natural history.

One great objection to practitioners handing over the dispensing of their medicines to chemists is to be found in the high prices charged by chemists for medicines. These prices are such as to be of themselves a heavy and exhausting bill to people of humble means. Mixtures are charged at the rate of 1*s.* 8*d.* or 2*s.* a piece, and other medicines correspondingly; so that the dispensing of an ordinary prescription easily costs 2*s.* 6*d.* or 3*s.* People whose family doctor does not supply them with medicines find that their drug bill is equal to or even exceeds the doctor's bill. Now this appears to us quite unreasonable. The percentage of profit to the chemist is monstrously excessive, allowing for all the incidental expenses of his business. And the fact of paying as much to the man who dispenses a prescription as to the man who writes it, is a complete want of distinction between two very different services, and a *reductio ad absurdum*. But this is not all. The chemist is paid at once, over the counter, in the full urgency of the want of the patient. The doctor is probably not paid for months, when the chance of being paid at all is greatly reduced. It is hopeless to think of medical practitioners giving up the dispensing of their own prescriptions until chemists have shown them how patients can be supplied sufficiently and satisfactorily with drugs at prices which do not inconvenience them, and do not impair their ability to pay their doctor.

The letter of "Reformer" in another column illustrates another evil of the system of transferring the work of dispensing to druggists. The practitioners of the town in which our correspondent lives, some ten years ago gave up sending their own medicines, and wrote prescriptions. The consequence seems to be that the chemists have become so familiar with prescriptions as to think themselves doctors. They prescribe for all the ordinary cases in the town, and feel pulses over the counter, even the pulses of affluent ladies. This is, doubtless, partly because of the system of charging which we have commented on above, which does

not allow of patients paying both chemist and doctor; and partly because the chemist comes to compare notes frequently with the patient in the light of the prescription which he is asked to compound. Unless medical men can come to a twofold understanding with chemists to charge moderately for medicines, and to leave the difficult duty of prescribing to those who are specially educated for it, they will be to blame if they give up the dispensing of their own medicines. It will be repeating an old error of well-educated medical men—that of placing themselves in unpractical relations with the public, and so leaving it a prey to irregular and inferior practice of all kinds.

THE Director-General of the Medical Department of the Navy is about to make another effort in November to obtain recruits for the list of assistant-surgeons, and we propose therefore to discuss the *pros* and *cons* respecting this branch of her Majesty's service. The fact that the present Director-General has introduced periodical competitive examinations, conducted by the eminent examiners of the Indian Army Medical Board, is a proof, we think, of a desire on his part to raise the tone and prestige of the service; for nothing could be worse than the old Somerset House system of examination, by which the most ignorant members of the profession were too frequently enabled to don the QUEEN'S uniform. This raising of the standard has necessarily had the effect of diminishing the number of candidates; but this is not sufficient alone to account for the present dearth of young surgeons for the navy, particularly at a moment when the sister services are closed to all entries.

The fact is, the department inherits a bad name. From the days of SMOLLETT a "surgeon's mate" was a byword and a jest in the medical schools; and the active part taken by the medical students of London in 1855, in conjunction with the medical press, in bringing to an issue the long-disputed "cabin question," has lived as a memory of a grievance which has in reality long passed away. Apart from this is the feeling that service at sea cuts the surgeon off from all admixture with his profession, deprives him of all professional interest, and renders him so "rusty" as to be good for nothing when his time for settling on shore arrives. And here there is a certain amount of truth; but that depends as entirely upon the individual as does his success as a practitioner on land. If a naval surgeon is content to send nearly all his patients to a naval hospital, to take little interest in those actually on board, to read no medical journals or books, and to visit no hospitals or medical schools when chance throws them in his way, it will not be surprising if at the end of a five-years' commission he finds himself behind the world, and feels that he is less competent than he was to treat disease. On the other hand, how many naval medical men there have been who have shed lustre, not only on their service, but on the medical profession at large by their researches on scurvy, on tropical diseases, on the natural history of foreign countries and seas, and on meteorological subjects. Necessarily without active employment in the navigation and conduct of the ship like his brother officers, the surgeon must fall back upon his own resources for employment, or he will become listless and indifferent to his duties, and go far to establish a character for being what he is in naval parlance—an "idler."

The grievances of which the seniors of the service complain are due, we believe, rather to that economising policy which the Treasury imposes upon the Admiralty than to any intentional slight of the medical department. We hold that the Director-General is bound to fight at all hazards for his department, and that the First Lord is very much to blame when, as in the recent case of the Greenwich schools, he acts in matters affecting members of the medical naval service without consulting or informing the Director-General. At the same time it must be borne in mind that the Treasury opposes obstacles even to a First Lord; and thus, in the matter of good-service pensions, it appears that the Treasury minute, by which the addition of three pensions was authorised upon the abolition of Greenwich Hospital, expressly stipulated that no new appointments were to be made until the number of pensioners had been again reduced below three. It follows as a matter of necessity, therefore, that the pension vacated by Dr. WILSON'S death remains in abeyance, the claims of other inspectors notwithstanding.

Having thus discussed some of the drawbacks to the service, we propose, in another article, to mention some of the advantages which the Naval Medical Service offers to young men who have no opening ready for them, and no means wherewith to win their way to position and practice.

OUR disasters and sufferings at the opening of the Crimean campaign were great; but they were insignificant compared with those of the French at a later date. Scurvy, dysentery, and typhus fever raged in the Emperor's army. The mortality was excessive and extending, and soldiers proceeding homewards from the East were regarded as the harbingers of infection. Typhus fever was introduced by them into the French ports. The medical aspect became so threatening as to overcome all political considerations. Peace had to be sought for; and it was secured at a time when the military force of this country was strongest and best prepared for action. In the Italian campaign, the horrors of war were less attributable to the effects of pestilence than to the errors of organisation and the ineffectiveness of the French medical and sanitary services. It was believed that the terrible spectacles presented by the battle-fields of Solferino and Magenta were not without their influence on NAPOLEON'S mind. He set himself to procure peace with more precipitancy than he had declared war. The circumstances that took place so recently before Sedan vividly recall the scene when NAPOLEON, at the zenith of his power, stood before the Emperor of AUSTRIA as a conqueror, and with a show of magnanimity abruptly concluded the campaign, whilst the full fruits of his victories were ready to his hand, but comparatively ungathered. It is extremely probable that, on the present occasion, the most powerful incentives to peace will prove to be of a medical character. Considering the strength of the military power that has been overthrown, the campaign has been marvellously short and decisive. The season and the weather have been on the whole very propitious; and when we recall to mind the

vast hosts in the field, the comparative absence of sickness has been remarkable. But, if we are not mistaken, its advent is at hand. Just as everything looks blackest for France, and some clouds of coming misfortune are gathering for Germany, we perceive a streak of light in the horizon which may yet dispel the gloom and usher in peace. France, despairing of assistance from any European power, obtains an ally in the weather. The German army is marching without tents; its soldiers are encountering all the risks of exposure to damp soil, chilly nights, and soaking rains. Cases of diarrhœa, dysentery, and fever are, by all accounts, becoming every day of more and more frequent occurrence; while the state of the roads renders the transport of munitions of war and artillery more and more difficult. The cattle collected in the rear of the Prussian army to supply it with food is stricken with cattle plague. The German commissariat have had to slaughter a large number of beasts in order to stay the spread of infection, and the disease is already said to have advanced as far as Bar le Duc—indeed, according to the latest rumours, to have penetrated into Holland. On the other hand, the French have suffered so terribly in all their encounters with the enemy, that what remains of that vast army is shut up in fortresses. If it is spared the dangers arising from marches in the field, it is encountering all the evils that inevitably ensue where crowds of men and wounded are aggregated together in beleaguered garrisons. Rather than front the famine and pestilence that threatened MACMAHON'S army at Sedan, the Emperor surrendered himself, and the garrison capitulated. It may well be said that a field of battle is first a terrible, then a pitiable, then a loathsome sight; and the fields about Sedan have reached the last stage. The dead carcasses of horses, the corpses of half-buried men, and the débris of the battle, together form a putrefying mass. A journey in the track of war is like a pilgrimage through graveyards; and when the bodies of the slain are hidden beneath the earth, the carcasses of war-stricken towns and villages remain to indicate the paths taken by the destroying army. We do not know, and we probably never shall know fully, the scenes that have been taking place at Metz, where Marshal BAZAINE holds out, hoping against hope. Anxiety as to their supplies of food have necessitated the unconditional release of six officers and seven hundred and thirty German soldiers, and from their accounts the situation of the French in Metz is most serious. In addition to a population of sixty thousand, there are from a hundred to a hundred and twenty thousand troops in the town, and the wounded from the several battles amount to upwards of twenty thousand. The diet is insufficient; fresh meat and vegetables cannot be had; and several of the pipes which conveyed water from a neighbouring hill have been cut. Pyæmia and erysipelas are of frequent occurrence among the wounded; while typhus and dysentery are said to be prevailing among the troops. To complete the picture, we must remember that cholera has been, and still is, prevailing in South Russia.

A PROPOSITION to appoint two additional honorary visiting surgeons at the Carnarvonshire Infirmary has been negatived by a majority of the governors, on the ground that it implied a reflection upon the present medical officers.

Medical Annotations.

"Ne quid nimis."

NEW EDINBURGH INFIRMARY.

PREPARATIONS on an effective scale are being made for the ceremony of the 13th proximo, when the Prince of Wales will lay the foundation-stone of this institution. The day will be observed as a general holiday. A masonic procession, in which the principal lodges throughout the country are to be represented, will add an impressive feature to the ceremony, at which the Lord Provost, magistrates, and Town Council, the Senatus Academicus, and delegates from other public bodies will also assist. The foundation-stone will, we understand, be laid at a spot near the north-east corner of the grounds of George Watson's Hospital, not far from the top of the meadow walk. The design of the new building will be in admirable keeping with its charming site. Four pavilions abutting towards Lauriston, and representing the old Scottish style of architecture, will constitute the front, in the centre of which will be a fine structure surmounted by a spire. The present George Watson's Hospital, fitted up for the accommodation of the infirmary officials, will stand immediately behind it; while to the rear of this, again, will be the several pavilions of the medical hospital. The front of the building will constitute the surgical hospital, with the operating theatre in the centre. The frontage of the infirmary will be about 450 feet; and the pavilions, light and airy in their design, will be separated from each other by a space of between 70 and 80 feet. According to their position on the gently sloping ground, the pavilions will be of two or three storeys; while at the back of the whole there will be several acres of open airing-grounds, divided from the meadows by a terraced garden raised ten feet above its present height. The plans, which have been prepared by Mr. David Bryce, R.S.A., are being photographed, and in that form will be submitted to the Prince of Wales, the Earl of Dalhousie, and other distinguished participants in laying the foundation-stone. The ceremony, it is also expected, will be graced with the presence of her Royal Highness the Princess of Wales, and will, we doubt not, be consummated with an effect which will form a worthy inauguration of an institution which Edinburgh owes to the sagacity and eloquence of Syme, and which will, we hope, reflect on her in the future the same distinction it has shed in the past.

ON THE MOVEMENTS OF THE INTESTINES.

IN order to investigate the movements of the intestines, MM. Legros et Onimus employed a sound to the extremity of which a caoutchouc ball was attached. This was introduced through an intestinal or gastric fistula, and the movements of the alimentary canal, at the point where the ball was situated, rendered legible by a manometer to which a graphic apparatus was attached. In the majority of cases the ball was introduced through a small opening in the abdominal wall, but in some cases the intestine was exposed. In the former case the ball was subjected to the pressure of the abdominal walls and the diaphragm, the latter exhibiting itself in the form of regular respiratory variations of pressure, which were easily recognisable from the much slower variation in pressure produced by the peristaltic action of the intestine itself. For the purpose of producing electrical excitation of the gut, wires were so connected with the sound that the caoutchouc ball lay between the opposite electrodes, or the current was passed from the fistulous orifice to the trachea, or in the opposite direction to the

anus, according to whether the ball was placed in the upper or lower section of the intestine. In a similar manner, the spinal cord, splanchnic nerves, and meseraic nerves were excited. The following general conclusions were arrived at. Contractions occurred at regular intervals, propagated peristaltically, or rarely anti-peristaltically, which were interrupted from time to time by long periods of rest. Still more rarely, a certain portion of the canal became contracted. Contractions succeeded to one another more rapidly at the upper extremity of the intestine than at the lower. The movements of the large intestine are different in degree, duration, and form from those of the small intestine. The movements of the stomach are not so regular and uniform as those of the intestine, and those of the pylorus differ in their characters from those of the cardiac extremity. Suppression of the current of arterial blood increases the activity of the peristaltic movements; but this effect is not produced by interruption of the venous current. The passage of induction currents conducted immediately through the gut causes contraction at the point where the electrodes are applied, but relaxation in the interspace between them. Constant currents cause the peristaltic movements to cease, and occasion diminished pressure (i.e., relaxation) on the caoutchouc ball, when they are passed in the normal direction of the movements; but when passed in the opposite direction they produce augmented pressure (i.e., contraction) on the ball. Irritation of the spinal cord by means of a constant current causes at first a few movements to occur, followed by quiescence. Excitation of the splanchnic nerves with induction currents increases the tension of the air in the caoutchouc ball, but induces no movements; the application of constant currents occasions peristaltic movements. Similar excitation applied to the mesenteric nerves is followed by the same result. Excitation of the central extremity of the vagus divided in the neck stops the intestinal movements, and diminishes the tension. Excitation of the peripheric extremity is followed by no effect. Constant currents applied to the vagus scarcely have any influence on the intestine, but stop all movement of the stomach. Mechanical excitation applied immediately to the gut cause relaxation, which is followed by vigorous contraction. Ice-water causes contraction; warm water, or solution of common salt, increases the activity of the movements, as do also croton-oil, ipecacuanha, and small doses of atropia; morphia renders them slower. Strychnia causes contraction of the intestine coincidently with the general convulsions.

THE ANTISEPTIC PRINCIPLE IN SURGERY.

THE letter of Dr. Saxtorph, Professor of Clinical Surgery in the University of Copenhagen, published in our columns on the 27th ult. as a part of Professor Lister's communication, again revives that most urgent of all surgical questions—the antiseptic use of carbolic acid. It is impossible that this question can rest where it is. The averments on the one side are so strong and remarkable, and the incredulity of leading English surgeons is so general, that some decisive steps should be taken to come to a scientific decision. If we had a Royal Society of Medicine, the question would be well worthy the consideration of a specially appointed committee. In the meantime we can only receive evidence. And the evidence of Professor Saxtorph is explicit, and equals in physiological interest anything published by Professor Lister, unless, indeed, it be the incorporation with a ligatured vessel of the catgut ligature made antiseptic with carbolic acid. Professor Saxtorph reports the abolition of pyæmia from his wards in the last twelvemonth, and says the result is certainly owing to the introduction of the antiseptic treatment, which he had seen practised by Professor Lister at Glasgow. It may be objected that this result is accidental. This cannot be said of other results obtained by the Professor. He details a case in which he had to open the knee-joint by a large incision, and had then much difficulty in extracting from it what proved to be a part of the head of the tibia. The operation lasted a quarter of an hour. The fingers, forceps, and different hooks had to be used. *But the wound closed without any suppuration of the joint.* This is attributed to the treatment, and such an uncommon result is not easily explained apart from exceptional treatment, which is thus described by Professor Saxtorph:—"During the whole time I poured a stream of carbolic solution over the wound"; after the operation, "I treated antiseptically." He does not say how many compound fractures he has had, but some of them have been very severe. He has treated them all antiseptically. And they have all *healed without the least suppuration in the fracture itself*, and the consolidation did not take much longer time than in a simple fracture. *All the amputations have recovered.* There has never been profuse suppuration, and never any putrefaction. These are certainly splendid results. The abolition of pyæmia in wards in which there were cases every year, the rough handling of a knee-joint for a quarter of an hour without any suppuration, and the prevention of suppuration in compound fractures, are effects which must be explained, and which seem to have their explanation in the use of carbolic acid as recommended by Professor Lister. The abolition of pyæmia, the prevention of the process of suppuration in cases in which hitherto it has been considered inevitable, and the entire prevention of putrefaction, are all very congruous and consistent results of the same principle of treatment. Professor Saxtorph endorses all that Professor Lister has said about the necessity of minute care. "Unless you take the greatest precautions in *every* dressing till the wound is either healed or filled up with granulations, you will never see the excellent results of this treatment." This explains failure to almost any extent. Professor Lister says that only faith in the germ theory will procure a thorough trial of the practice. Whatever becomes of the germ theory, the results obtained by Lister, Saxtorph, and others are new facts in surgery, or rather physiology, and must have a scientific definition.

UNREGISTERED PRACTITIONERS AT INQUESTS.

THE Middlesex magistrates have issued a notice to the county coroners to which it is worth while to call attention. They point out that the fees payable to medical witnesses for evidence and post-mortem examinations are only payable to "legally qualified" men; and that a legally qualified practitioner is one who is registered under the Medical Act. They inform the coroners that if it should appear that any fee has been paid on any inquest in future to a non-registered medical practitioner, the Committee of Accounts will feel it to be their duty to recommend to the Court of Quarter Sessions the disallowance of such fee.

Now this sounds all very right, and it is difficult to find fault with it. But the notice is by no means so grand a piece of respect for law as it looks; and it is simply aimed at the pockets of a few resident hospital medical officers, who have now and then received stray guineas from the coroners when persons have died before reaching a hospital. If death takes place on hospital ground, the resident officer has no claim to a fee; but it occasionally happens that he is called to a corpse, and then his claim arises. We think the Middlesex magistrates have committed themselves to a policy of most unnecessary and ungracious parsimony; but the law is on their side, and they may bite their thumbs an' they will. We can only advise the resident medical

officers of hospitals to register, whenever they have not already done so; and, until their names are included in the printed list, to be sure to state that they are registered in their evidence.

THE MEDICAL OFFICERS OF H.M.S. "CAPTAIN."

WE cannot allow the melancholy loss of the *Captain* to pass without paying a brief tribute of respect to the memories of the three members of our profession who died at the post of duty. The services of several of the executive officers have already been recorded by the daily press, and we need therefore make no apology, even if it were in any way required, for commemorating our unfortunate brethren.

Staff-surgeon Matthew Burton, M.D., the senior medical officer of the *Captain*, entered the navy in August, 1841, and served as assistant-surgeon on the Home, Coast of Africa, and East Indian stations. He was promoted to the rank of surgeon in Nov., 1851, and was employed on the Coast of Africa and Home stations, besides doing duty at Yarmouth, Haulbowline, and Haslar hospitals, at Lewes prison and marine infirmary, and in a convict ship. Dr. Burton became a staff-surgeon in April, 1864, and served at Haslar Hospital, in the Channel squadron, and in the Flag-ship on the Pacific station. He was appointed to the *Captain* on the 23rd April last.

Surgeon Robert Purves entered the navy in August, 1857, and was employed at Haslar Hospital, on the North America and West India, South-east coast of America, Home, and China stations. He was promoted to the rank of surgeon on the 3rd April, 1868, and served on the China station, and in the *Captain*, to which ship he was appointed when commissioned on the 23rd April.

Acting Assistant-surgeon John Ryan entered the Royal Navy on the 16th February last, having obtained the first place among the candidates at the competitive examination held during the early part of that month. He served a short time at Haslar Hospital, whence he was removed to the *Captain* on the 23rd April last.

It will be some satisfaction to the friends of the deceased officers of the *Captain* to know that their unfortunate deaths by drowning will, according to the rules of the service, place any widows and children whom they may leave, in a much better position as regards pensions than if death had occurred by ordinary disease. Thus the widow of a staff surgeon is entitled to a pension of £140 per annum instead of the ordinary pension of £80, and the widow of a surgeon to one of £100 instead of £70.

A MEDICAL INSPECTION OF A FRENCH CAMP.

A MEDICAL OFFICER belonging to our army, whilst present in Paris a few days ago, paid a visit to the encampment in the Champ de Mars. The description of what he saw and of the impressions received will be of interest at a time when the defence of Paris occupies so much attention.

"There were probably eight or ten thousand men under canvas there. They consisted almost entirely of young lads, utterly undisciplined, and undergoing the earlier stages of recruit drill. Their clothing had but lately been issued to them, and they wore it as yet awkwardly. Among them I observed reinforcements belonging to the 8th, 10th, 14th, 35th, 38th, 46th, 68th, 88th, and 97th regiments of the line, those of each corps occupying their specified portion of the general camp, the men being drilled in front of their own regimental tents.

"The form of the general camp was determined by that of the Champ itself, its front facing the Seine. Two wide streets extended direct from front to rear, the *tentes d'abri* being arranged in double rows on either side, one row opening to the flank, and the other inwards, but by no means regularly or neatly pitched. There was certainly some slight attempt at order, but evidently of a poor kind; tents of various sizes, some capable of containing only two men, others of accommodating six, were placed indifferently. Altogether the impression conveyed by the appearance of the camp was that it looked like a cross between that of a series of Sepoy regiments and one of itinerant gipsies. In each tent was a good quantity of straw, on which the occupants slept at night. At the entrance such of the soldiers as were not at drill were occupied in cleaning their sword-bayonets and Chassepot rifles, for none of their other equipments looked as if they were meant to be cleaned, or had ever undergone that process.

"On either flank were arranged a series of latrines and cooking places, both sets of arrangements being in offensively close proximity to each other; and, as a considerable breeze prevailed, the combined odours as they passed across the camp were anything but inviting. The cooking places consisted of superficial excavations in the ground, each 3 feet long, 10 inches broad, and about 6 or 8 inches deep. The fuel was wood; and, raised on a range of stones along either side of this little trench, were a series of three or four camp kettles, with mess tins on their top, both of these being filled with meat and vegetables in the course of cooking for dinner. The cooks were soldiers appointed for the duty. A few of the latrines were partly protected from view; the greater number, however, consisted of nothing more than one open trench, along the centre of which a plank was placed. But there existed unmistakable evidence in almost every direction around the camp that many of the men were independent of all such contrivances.

"In the rear were a number of mules, bearing pack saddles for *cacolets*, and other means of conveyance for the wounded. The muleteers, all dressed in blue blouses, stood by their animals, talking and laughing with the "wrens" of the place. The soldiers drilled; passers-by stood to look and admire; the cooks cooked; and the soldiers, in utter disregard of all appearances, repaired to the places set apart for them—the entire spectacle being as extraordinary and as decidedly against all rules of sanitation and decency as the most unfastidious could desire. And this is the case in Paris. What is it away in actual service?"

FEVER AT GUILDFORD.

IN a communication to the Guildford Board of Guardians, Mr. Henry S. Taylor, the district medical officer, has called attention to the appearance and sudden increase of typhoid fever cases in the town. Mr. Taylor states that the circumstances attending this outbreak are so similar to those observed in the epidemic of 1867, that he is naturally led to suspect it has originated now from the same cause as before—namely, the state of the water-supply. The cases have all occurred in houses within the area of the high-service of the water-supply, which, it will be remembered, is derived from the "new" well so unfavourably distinguished in Dr. Buchanan's Report on the 1867 epidemic. As on the previous occasion, there has been a long period of drought, and this would have the effect of rendering the water in the well open to more than the ordinary objections alleged against its use.

In point of fact, the present outbreak seems to have arisen under precisely the same conditions as the former one; and as the number of cases is said by the *Surrey County Times* to have increased fourfold between the 3rd inst. (the date of Mr. Taylor's letter to the Board) and the 9th inst., it is not improbable that it may equal, if not ex-

ceed, its predecessor in magnitude. How can the Guildford authorities expect to escape public censure when, after the lapse of nearly three years, it is found that they have done nothing to put an end to what Mr. Simon at the time stigmatised as a malfeasance which was "as proper a case for judge and jury, on action for damages by any of the five hundred people who had typhoid fever in the town, as any case in which a railway collision brings some scores of passengers into harm"?

Mr. Taylor says that some steps had been taken toward making the new high-service reservoir more available, so as to obviate the necessity of pumping direct into the mains from the well, but that the works had been stopped for many months. And it is now more than a year since we noted in this journal the resolution then come to by the Local Board to take measures for obtaining an entirely new supply for the town, the only practical outcome of that resolution hitherto (so far as we are aware) having been to land the Board in a sort of triangular disputation with the Corporation and certain property owners whose rights were affected by the scheme proposed. It may be that the fear of the enemy within their gates will hasten the action of the local authorities. This result will be to a certain extent satisfactory; but it would have been far more creditable if the spur of a second fever outbreak had not been needed to cause the abandonment of a water-supply which experience had long since demonstrated to be dangerous to the health of the town.

SEWAGE-GROWN GRASS.

THE disposal of our sewage is one of the most important questions of the day; and a Royal Commission has recently pronounced an opinion in favour of sewage irrigation as the only reasonable, economical, and safe method of utilising the refuse of our large towns. Our attention has recently been directed to the occasional occurrence of disease of a fatal character among cattle pastured on sewage-irrigated land. These results are naturally attributed to the character of the pasture, which is erroneously supposed by some to have originated a new and special kind of disorder. The following may be taken as an illustration. The owner and occupier of some thirty or forty acres of land irrigated by the sewage flowing from a town containing about 4000 inhabitants, discovered, during the last three or four months, three bullocks and a cow dead on this property; and a bull which was kept in a shed, but fed on some Italian grass grown on the same land, was likewise attacked with a disease of which it rapidly died. The appearances discovered after death were those of blood effused on the brain, enlargement of the spleen, and inflammatory injection of the lining membrane of the stomach and intestines.

Such is a concise but graphic account of a disease which has been well known in this country to veterinary surgeons for more than thirty years as splenic apoplexy,—an anthracoid malady, due to an excessive supply of stimulating food. It occurs most frequently on highly manured land, but often on poor soils; although the lias clays and red sandstone may be said to be its habitat. Water impregnated with organic matters will cause the disease; and for this reason animals cannot always be *grazed* with impunity on sewage-grown grass. Yet the herbage, if cut, and given in moderate quantities, has not been found injurious. Although the principles of sewage irrigation may be perfectly sound and irrefragable in themselves, difficulties of detail involved in a new process of a very complicated kind cannot be overcome at once. Almost everything depends on the system of irrigation pursued. The amount of sewage must be so proportioned to the crops that the noxious elements in the former can all be taken up and transmuted into the tissues of the latter, otherwise the supply of manure will be too liberal, and the herbage will become what the shepherd terms "stenchy," and in this state, as can be readily imagined, the grass acts as a vegetable poison,—most deadly always in the case of animals that are being fed for the butcher.

CATTLE PLAGUE AND THE WAR.

THIRTY-TWO years ago Delafond wrote: "If the day should come when France would be invaded by the Germans, the Prussians, the Russians, or the Dutch, to this calamity would quickly be added the contagious typhus of horned cattle." (*Police Sanitaire*, 1838.) The foresight of the distinguished Alfort professor would seem, unhappily, about to be justified by the event. The Prussians—or rather the Germans—are now in France, and in the rear of the invading army, presently, doubtless, to follow in its track, contagious typhus (*the* "cattle plague," as we have come to designate the malady by way of sad pre-eminence) has declared itself among the herds brought together for the sustenance of the forces. Correspondents at the seat of war report the presence of the epizootic at Berlin, and its extension thence to the shores of the Baltic, into Holland, and at various points along the route of the invading army. The veterinary advisers of the Privy Council have not failed to note the significance of the announcement, and an Order in Council, published with considerable rapidity, put in operation, from the 14th inst., all the regulations in the fourth schedule of the Contagious Diseases (Animals) Act of 1869, in respect of cattle brought from any port of France, and has directed that all such cattle shall be slaughtered within ten days after being landed, exclusive of the day of landing. By an Order in Council dated the 10th August, 1869, the provisions of the Act were applied to all cattle imported from the Netherlands, Russia, and the States of the North German Confederation (danger from the latter being now securely shut out by the blockading fleets). The recent order will complete our safeguards against the different routes by which the dreaded epizootic may again find its way to these shores. Let us hope that these safeguards will prove effectual. If it should so chance that the epizootic finds an entrance among the herds collected in Paris and the immediate neighbourhood, the provisioning of the besieged city will fail in one of its most important requirements, and its capability of holding out be proportionately diminished.

ETHICS AND THE SICK-CLUB REMUNERATION MOVEMENT.

ABOUT a year ago a hundred members or more of the profession in Salop agreed, amongst other things, not to take any new appointments to sick clubs under 5*s.* per head per year, and not to accept any appointments to sick clubs that might become vacant in consequence of an application from their medical officers for an increase of pay. Apart from a definite undertaking to that effect, we should not expect one medical man to accept an office that had been rendered vacant by the reasonable application of his medical brother. But after coming under a specific engagement not to act so, such conduct is indeed remarkable, and requires explanation. Mr. William Kortright Brock, of Llandrinio, Oswestry, was medical officer to a Court of Oddfellows. He was one of the medical men who agreed to the above points. So was his near neighbour Mr. Eyely. Mr. Brock applied for an increase of remuneration. Be it observed that the circular signed by the hundred medical men did not require this course in regard to old appointments. But to put himself in harmony with the movement, he applied to his club for an increase of pay. For this he

was dismissed. Mr. Brock had been medical officer for four years; and the minutes contained not a trace of complaint against him. But he was dismissed for the offence of asking for an increase of pay. Mr. Brock, however, had a greater annoyance to bear than his dismissal—viz., to learn that his neighbour Mr. Eyely, who had signed "the bond," had accepted the appointment on the old terms of 3s. a head. We shall not comment on Mr. Eyely's conduct; it is enough to state facts. If the facts are not as we have represented them, he will correct us. If they are, we prefer simply to leave the matter to the judgment of the profession.

THE GENERAL HOSPITAL, BIRMINGHAM.

ON Wednesday, the 21st inst., at the annual Board of Governors of this well-known hospital, some most important alterations in the laws are to be brought forward; and there is this peculiarity about them, that they are both supported and opposed by members of the medical staff.

Having already (July 23rd) discussed the schemes proposed by Dr. Russell and Mr. Pemberton respectively, we need not recapitulate them, except to remind our readers that the staff of the hospital at present consists of four physicians and four surgeons, and that Mr. Pemberton proposes to add two assistant-physicians, two assistant-surgeons, one ophthalmic surgeon, one dental surgeon, and one medical and one surgical registrar, while Dr. Russell's amendment would simply add an obstetric physician, and raise the number of assistant-physicians and assistant-surgeons to three.

We regret the position which the remaining members of the staff have taken up by placing on record their deliberate opinion "that no addition to the honorary physicians or surgeons of the hospital is desirable or expedient."

Their hospital has existed for nearly a hundred years, and the medical staff remains the same as it was at the beginning; and yet the in-patients have doubled in number, and the out-patients are seven times what they were even in 1821. To say nothing of the requirements of all these patients, the fact that the General Hospital is a field for study to the students of the Birmingham medical school, presupposes that its medical officers have time to give clinical instruction, and avail themselves of all modern means of diagnosis and research. All this requires *time*, and we believe that it is well-nigh impossible for the existing staff to find this with all their present duties—not to mention private practice—to attend to. Why there should be such unwillingness to do in Birmingham what has been found necessary in every hospital in London, we are at a loss to understand; and trust that the governors of the hospital will have the interests of the *charity* solely in view on the 21st.

BRITISH MEDICAL BENEVOLENT FUND.

BY the death of Sir James Clark, Bart., the British Medical Benevolent Fund has lost not only its President, but one of its warmest friends and earliest supporters. Upon the announcement of his death the Committee expressed to the family, through the present baronet, its deep regret and sympathy in their bereavement. Another loss has been sustained by the Society in the death of Mrs. Robinson, of Bolton-le-Moors, one of the oldest of its lady-collectors. Mrs. Robinson continued to the last to take the warmest interest in the affairs of the Fund, and only a few days before her death requested that a £5 note might be sent to the honorary secretary as her *last* donation.

The applications for assistance to the Fund continue to be very numerous, and many of the cases are, as usual, of a most distressing character. At the last two meetings the large sum of £250 has been distributed in grants to about thirty different recipients, many of them being widows with families of young children.

J. A. Locking, Esq., of Hull, and F. Thorne, Esq., of Leamington, have been elected honorary local secretaries, and we are requested to state that the Committee will gladly avail itself of the services of any gentleman who is willing to act as such in unrepresented districts, or of ladies as collectors, if they will put themselves in communication with Dr. Felce or Dr. Thorne Thorne, the Hon. Secretaries in London.

Among the donations received since our last notice are—Dr. Rogers, Exeter, £10; C. A. Newnham, Esq. (hon. local secretary), Wolverhampton, £5 5s.; the late Mrs. Robinson (lady collector), Bolton (additional), £5; Dr. Shann, York, £5; Dr. G. S. Jenks, Bath, Vice-president of the British Medical Association (additional), £10; Dr. Burrows, F.R.S. (additional), £10; G. D. Pollock, Esq. (additional), £5; Bath and Bristol Branch of the British Medical Association, by Dr. Steele (additional), £3 3s.

GALLANT FELLOWS.

OFFICERS of our Army Medical Department—to a large number of whom the name of Dr. Philip Frank will recall the time when he was one of their number—will have read with no little gratification of the distinguished and devoted services which this gentleman has rendered to the wounded of the two armies engaged in this continental war. Captain Brackenbury, R.A., found Dr. Frank and Mr. Blewitt hard at work at Balon in the *mairie* which had been given over to them as a hospital. Frank dressed wounded men all through the battle, in a house where the bullets came in like hail through the windows and crashed into the walls of the room; Blewitt going out through the hot fire to get what was needed to help. The fight was awful at Balon; 129 Bavarian officers and 2000 men were killed in and about the place. They had then 120 wounded, and they have since got many more; and Dr. Frank had several other houses in the village near his *mairie*, in one of which he had utilised the bacon-hooks of the kitchen-ceiling to sling a broken leg. Without entering into all the details described by Captain Brakenbury, it may suffice to say that Dr. Frank, among his numerous operations, succeeded in tying the carotid, unaided, by the light of an ordinary candle. The praise bestowed upon his firmness, gentleness, and fertility of resource, is no more than he deserves, as the writer of this has reason to know from intimate personal knowledge of the man. Of course these surgeons were not alone in their work. Drs. McCormac, Woodham Webb, Duncan, Chater, and a host of others, were all working with equal energy and devotion in their different spheres. The army and its medical service can ill afford to lose officers of this stamp; but had Dr. Frank remained in it he would probably never have had this opportunity of displaying his qualities of character, and his medical skill.

THE MATERNITY HOSPITAL OF EDINBURGH AND THE PROFESSOR OF MIDWIFERY.

A SOMEWHAT remarkable course has been taken, according to a letter in the *Scotsman*, in order to place Professor Simpson on the staff of the Maternity Hospital. Dr. Graham Weir had resigned. A meeting of the directors was duly summoned to fill up the vacancy. Dr. Matthews Duncan was unanimously elected. The Lord Provost disapproved of the election, and summoned another meeting. He moved that the minutes of the preceding meeting, at which Dr. Duncan was appointed, be not approved. The motion was not seconded. The writer in the *Scotsman*, who certainly

writes warmly and partially, represents the Lord Provost as next trying to oust Dr. Charles Bell to make room for his favourite candidate. This attempt also failed. The final effort of the Lord Provost succeeded, though involving a change in the laws of the institution. He moved that the resolution limiting the number of ordinary medical officers be expunged, and that the professor of midwifery be elected as an additional officer *ex officio*. It certainly appears to us that the professor of midwifery should be, *ex officio* or otherwise, on the staff of the Maternity Hospital; but we cannot approve of the irregular course taken by the Lord Provost to place him there.

THE GUARDIANS OF BETHNAL GREEN AND THEIR MEDICAL OFFICER.

"PUNISHMENT has fallen upon Mr. Burgess, one of the medical officers of the Bethnal-green Board of Guardians, swifter and sharper than he could have anticipated." So says the *Parochial Critic* of Sept. 7th, which ought to know. And the *Parochial Critic* then goes on to show the folly of a servant who speaks his mind to his employers, and "quarrels with his own bread and butter," the servant being Mr. Burgess, and the masters the guardians of Bethnal-green. The *Critic* further shows how the new vaccination arrangements "placed the weapon in the hands of the guardians with which to smite" Mr. Burgess; "and they smote him. There were five officers, and, by the new arrangement, only four districts, so that one officer must go. And Mr. Burgess was 'shown the way out.'" We should not have thought the guardians of Bethnal-green capable of using an opportunity of this kind as a means of vengeance. *Tantane ire animis cœlestibus.* But the *Parochial Critic* says so, and hopes the dear lesson will not be lost upon Mr. Burgess. Such an administration of the sanitary arrangements of the country must be altered. The question is whether Mr. Burgess is an efficient public vaccinator or not. If he is, it will be a poor satisfaction to the public of Bethnal-green that the guardians have gratified their dislike of him by his dismissal.

THE LIVERPOOL WORKHOUSE AND FEVER.

MR. HAGGER, the vestry clerk, has courteously favoured us with a statement made to the Workhouse Committee, and meant to correct our account, in THE LANCET of Aug. 20th, of the overcrowding in the Liverpool workhouse. Mr. Hagger has practically to admit the truth of the most important parts of our statement. In his own words, "it is unfortunately too true that the hospital accommodation has for some months past been unequal to the demands made upon it; and it is a fact that provision has frequently to be made by placing temporary beds upon the floor for such of the patients as are convalescent, and best able to put up with such accommodation."

Mr. Hagger points out that these beds are placed in the wards, and not on the landing. But it remains true that the rooms on a given floor or landing have been made, by beds on the floor, to accommodate 20 more patients than they were designed for,—180 instead of 160. Whether it would not have been better for the twenty extra patients to lie outside of such wards than inside is a very fine question. So far, as Mr. Hagger admits, there has been no exaggeration of the facts, but an understatement of them. Mr. Hagger is more successful in showing that some extra medical service has been procured for the sick. In the whole workhouse, including the branch establishments, there are 1625 cases. To attend to these there are nine medical officers. But there are, in addition, 432 patients in the infirm, epileptic, and cleansing wards. Considering that there are, according to the last accounts, 873 fever cases in the workhouse, we do not think the provision of medical men sufficient. They must have, on an average, nearly one hundred fever cases to attend, to say nothing of other patients.

THE POLICE FORCE AND DIVISIONAL SURGEONS.

UNTIL the present time no officials of the public service have been worse paid than divisional surgeons. We are therefore glad to be able to record that the Chief Commissioner, Colonel Henderson, C.B., has issued new rules for duties and remuneration of these officers, the leading features of which are the following:—The divisional surgeon is to be paid 10*s.* per annum for each superintendent and inspector; 8*s.* for each sergeant and constable who resides more than two miles from the surgeon's house; and 6*s.* for each sergeant and constable residing less than that distance; the numbers being in all cases the maximum numbers attached to the station. In cases of urgent sickness among the police, requiring visits between 10 P.M. and 8 A.M.—night visits, and formerly unpaid,—a provision is made for paying 7*s.* 6*d.* for each visit, as in the case of civilians. These concessions are highly creditable to the police authorities, and are doubtless due to the influence of the surgeon-in-chief, Mr. Timothy Holmes.

THE NEW HONORARY PHYSICIAN TO THE QUEEN.

INSPECTOR-GENERAL JAMES SALMON, M.D., who has been selected for this honour, entered the Naval Medical Service in 1833, and was employed on the Home and Mediterranean stations, and on the coast of Spain. He was promoted to the rank of surgeon on the 1st of August, 1840, and served on the Home and Mediterranean stations, in the Western Squadron, in the North Sea, and in the Baltic; and was promoted to the rank of Deputy Inspector-General on the 30th of June, 1855, being then employed at Malta Hospital, and at the Royal Marine Infirmary at Woolwich. Dr. Salmon was promoted to the rank of Inspector-General on December 2nd, 1868, and is now serving as senior medical officer at Haslar Hospital, to which establishment he was appointed on April 12th, 1869.

Dr. Salmon has been awarded Sir Gilbert Blane's medal, and was appointed Honorary Physician to her Majesty on the 7th inst.

WAR RISKS.

STRANGERS and neutrals appear to have had a lively time of it on the continent during this war. The French people, depressed by disappointment, can only account for the evil spell that seems to hang over their unfortunate country by suspecting treachery everywhere. Some military surgeons lately proceeded from this country with the view of studying the organisation of the French military medical and hospital services; and Deputy Inspect.-General Dr. Gordon, C.B., the senior officer selected, was accredited to the French Government for this purpose. Unfortunately for him, Dr. Gordon's physical characteristics conform to the Teutonic rather than to the Gallic type, and the consequence was that he had not been long in Paris before he was seized as a spy. Whilst observing some French troops at drill he was accosted by a sentry, and saw himself galloped at by some cavalry, by whom he was instantly made a prisoner. In a few seconds his person was searched for arms and his pockets for suspicious papers, and he himself hurried off to a commissary of police, with a running accompaniment from young and old of "*A bas le Prussien!*" "*A bas*

Bismarck!" and sundry other exclamations by no means complimentary. Of course he was soon released. A republic was declared the following day, and among those disestablished were the sergents de ville, including his quondam captors.

STATUE TO THE LATE PROFESSOR GRAHAM, F.R.S.

GLASGOW is about to be honoured by the erection of a statue of the late Professor Graham, a native of whom she may well be proud. The leader in this most fit procedure is Mr. James Young, of Kelly, Wemyss Bay, the discoverer of mineral or paraffin oil, and a pupil of Graham's. Mr. Young, in the name of the friends and admirers of Graham, has asked the Town Council to grant leave for the placing of the monument in the south-east corner of George-square. The sculptor is Mr. William Brodie, of Edinburgh. The pedestal will be of Aberdeen granite, and the figure of bronze, corresponding with the statue of Watt at the south-west corner of George-square. We need scarcely say that the Town Council unanimously agreed to the proposal. This is not the place nor the time to review the merits of Graham as a chemist and a philosopher, but they were of a very high order; and Glasgow, though she can boast of not a few illustrious sons, has none more worthy of a statue than Thomas Graham, who, by the way, was a Fellow of the Faculty of Physicians and Surgeons, and therefore, like so many of the philosophers, a member of our own profession.

A SUGGESTION.

AMONG the medical appliances sent out to the wounded, we think that it might be well to furnish a number of the small medical field companions used in our own service. These are very portable, and contain a well-selected assortment of the more essential drugs and medicaments conveniently packed. If we are correctly informed, the pattern has been already adopted in the Prussian service. Considering the large number of wounded men present on the field after an action, and the absolute impossibility of preventing a good deal of delay before their removal can be effected, it appears to us that it would be perfectly feasible to organise a staff of medical men and nurses, whose duty it should be to endeavour to assuage pain by the subcutaneous injection of morphia, the administration of chloroform, or the exhibition of some anodyne to the surgical cases on the field.

THE SPREAD OF FEVER.

UNDER the above title a gentleman, who veils his personality under initials, has written to *The Times* to state that he has been "much struck" with the "want of some practical means of enforcing our sanitary laws." He states that when a "mild" form of fever is prevalent, "people consult their own convenience much more than the welfare of their neighbours"; and he suggests that "*the* medical officer" (he does not say what medical officer), when any fever is prevalent in a neighbourhood, shall send round every morning to the practitioners in his district, and ask for a list of all cases under their care, with their addresses; and that he shall be authorised to see that disinfection is properly carried out in each case, and all sanitary arrangements attended to. "It is impossible," he adds, "for doctors in general practice to see personally that their directions are carried out, it takes up too much time; and often a great deal has to be done after the patient is convalescent."

We cannot refrain from admiration alike at the innocence of the writer and the boldness of his suggestions. We try to imagine "the medical officer" sending round to "ask" for the list. We wish that he might succeed in getting it! We picture him to ourselves invading the habitations of his neighbours' patients to see that the good advice given by those neighbours was faithfully and effectually carried out. And we respectfully inquire what has become of Magna Charta, of the British Lion and the ditto Constitution, and of the doctrine that an Englishman's house is his castle? The gentleman who writes to *The Times* has clearly failed to realise that the perfection of modern statesmanship is founded upon a model furnished by the halcyon time when each man among the children of Israel did that which was right (or even wrong) in his own eyes.

THE BRITISH ASSOCIATION.

CONSPICUOUS amongst those who have shown hospitality to the numerous visitors to Liverpool is Mr. Bickersteth, the President of the Liverpool Medical Institution, who is preparing a reception worthy of our profession and the Association. Besides giving a subscription on the largest scale to the local fund, it is Mr. Bickersteth's intention to entertain 1000 guests in the Philharmonic Hall, 700 of whom will include strangers visiting the town as members of the British Association. The Mayor's reception at the Town Hall was virtually open to all who possessed the ticket of the Association.

MR. ROBERT RAWLINSON, C.B.

WE are gratified to learn that the invaluable services rendered by Mr. Rawlinson during the distressful period of the cotton famine in the manufacturing districts have lately been acknowledged by the Government in a more substantial form than that of mere thanks. Nobody who is conversant with the history of that famine time will venture to doubt that mainly to Mr. Rawlinson's judgment, forethought, and shrewd practical energy, may be attributed the remarkable success of the experiment then tried of turning temporary distress into a source of future permanent benefit by the expenditure on loan of public money. An honorarium of £1000 was never more legitimately bestowed from the public purse than upon the recipient in the present instance.

POISONED MILK.

THE results of an investigation conducted by Dr. Thorne, and detailed in the recently issued Report of the Medical Officer of the Privy Council, has led Mr. Simon to affirm that the milk of cows suffering from foot-and-mouth disease ought not to be unrestrictedly sold for human consumption. It is well known that during the prevalence of the above-named disease in cattle, a similar affection has often been observed in the human subject; but it has been difficult to trace the direct connexion between the occurrence of the latter and the consumption of the milk of infected animals by man.

Dr. Thorne's investigations were conducted in Suffolk, Sussex, Norfolk, Herts, and other places, under circumstances not very favourable for the accurate determination of this important question, on account of the reticence of farmers and dairymen as to the character and sources of milk supplies. But still, a fair amount of positive evidence was obtained, showing that a febrile disease, accompanied by aphthous ulceration of the mouth, followed frequently upon the use of the milk of cows attacked by foot-and-mouth disease, and that the absence of evil effects in other instances seemed to be explained by the fact of the milk having been boiled, or diluted, or kept for some little time, before being consumed,—that is to say, it would appear that the poisoned milk infects most certainly when fresh and undiluted. The

positive evidence obtained Mr. Simon thinks is quite sufficient to justify him in his opinion. In any other country but our own measures would be taken to stop the present traffic in poisoned milk; but from a Home Secretary almost entirely undisturbed by the appalling ravages of virulent epidemic preventable disease, we may expect nothing in reference to so trifling a matter as the poisoning of our children and households by diseased milk.

ST. THOMAS'S HOSPITAL.

AT the General Board of Governors of St. Thomas's Hospital, held on the 8th inst., William H. Stone, M.B. Oxon., F.R.C.P., and William Miller Ord, M.B. Lond., M.R.C.P., were elected to the vacant assistant-physicianships at St. Thomas's Hospital. Both these gentlemen received their medical education at St. Thomas's Hospital, and both of them already hold office in the medical school as lecturers; it was but reasonable, therefore, to anticipate that they would receive the support of the governors at the election. We are only too happy to believe that the right men have been chosen. At present, so far as we know, neither gentleman has done much to bring his name before the profession or the public; but, for all that, plenty of good work may have been done by them in private, of which we shall hope to see the fruits in due time in the various scientific societies and publications of this city.

SCARLET FEVER.

THERE are ominous signs that the London scarlet fever epidemic, which seemed to be gradually subsiding six months ago, is now in a stage of recrudescence, the deaths having increased to 165 last week, from a weekly average of less than half that number, during the interval between March and July. There is an excess of 36 scarlet fever deaths in the last return over that of the week preceding, although the aggregate mortality from all causes showed a diminution of 100 deaths. Indeed, we must go back to the middle of last December to find so great a scarlatina mortality as that of last week. The distribution of the fatal cases during the last four weeks is shown by the following ratios of equivalent annual mortality:—West districts, 29 per 10,000 of their population; Northern districts, 23; Central districts, 19; Eastern districts, 11; Southern districts, 23 per 10,000. The Western districts are the chief sufferers by the epidemic, and next to them the Northern and the Southern districts.

Scarlet fever also prevails epidemically at Bristol (where it caused last week nearly a fourth of the gross mortality), Birmingham, and Liverpool.

LEAD-POISONING.

WE have so often exposed the evils resulting from the use of leaden cisterns and pipes as receptacles and channels of drinking-supply, that we can ascribe the continuance of the practice only to the difficulty or the expense of procuring innocuous substances. The *Architect* assures us, however, that such a substitute is already in existence—a lead-encased, block-tin pipe, possessing all the good qualities of leaden pipe—to wit, strength, ductility, durability, and cheapness,—and open to none of its objections. Haines's "patent lead-encased, block-tin pipe" is the material in question, and is being supplied at the current market price of ordinary lead pipe of similar bore. Henceforth we hope to hear of no such cases of lead-poisoning as occur repeatedly in private practice, and attain alarming proportions in centres of beer manufacture like Guildford, or of cider manufacture like Devonshire.

HELP FOR THE WOUNDED.

MR. SAMPSON GAMGEE has used his position as chairman of the Working Men's Fund for the extension of the Queen's Hospital to bring before the working men of Birmingham the need for aid to the wounded soldiers on the Continent. On August 30th Mr. Gamgee issued a circular calling for subscriptions; and up to the 5th inst. this had been responded to by the workpeople in fifty-seven factories and workshops with a sum of £69 19s. 10d., and has no doubt been largely increased since that date.

Mr. Priestley Smith, one of the most able and trustworthy of the Birmingham medical students, has already left for Bingen with parcels of quinine, morphia, and surgical instruments; and Mr. Gamgee proposes to devote the contributions of workpeople to the purchase of chloroform, morphia, water-pillows, and blankets, so that the donors may have the satisfaction of knowing that their contributions are employed directly in relieving pain, and ministering to the bodily comfort of the wounded.

THE MEDICAL SERVICE OF THE VOLUNTEERS.

AT a meeting of the Committee of the Volunteer Medical Association recently held, it was determined that something should be done to secure some organisation of the Volunteer Medical Staff. We understand that after a scheme has been drawn up and submitted to the consideration of a general meeting of volunteer surgeons, it is proposed that a deputation shall wait upon the Secretary of State for War. We certainly consider this a move in the right direction.

FOUR HUNDRED UNVACCINATED CHILDREN.

A WEEK or two ago we had to comment on 400 unvaccinated children at Cardiff. This week we have to comment on 400 unvaccinated children at Lleyn in the Pwllheli Union. Dr. Williams admitted to the guardians that he did not regularly attend the stations, because he had often gone miles to a station and found no children waiting to be vaccinated. Dr. H. Hunter Hughes severely blamed the guardians for not prosecuting parents for neglecting to have their children vaccinated. He had attended every station regularly; and often, like Dr. Williams, without finding a child to vaccinate. The guardians are clearly to blame for not prosecuting, and, perhaps, for a bad arrangement of stations. These frequent returns of hundreds of unvaccinated children show that the Vaccination Act is not working satisfactorily.

THE SIAMESE TWINS.

THE fact that one of the Siamese twins has recently suffered from a paralytic seizure gives warning of the event which will in all probability occur some day, by which the living Eng will be left attached to his dead brother Chang. It has been theoretically held that death would probably occur in the brothers simultaneously; but there is no real foundation for this, and the fact that Eng's health has been unaffected by the paralysed condition of his brother goes far to show that they enjoy distinct vitalities. Separation might, no doubt, be readily and safely effected should one brother pre-decease the other.

MARSHAL MACMAHON'S WOUND.

WE have made some efforts to ascertain the exact nature, and probable future result, of Marshal MacMahon's wound. Without pretending to attach more importance to the information than it deserves, we may say that a correspondent states the Marshal to have sustained a flesh wound of some

extent in the thigh, caused by a fragment of shell. Not only are the rumours as to his death untrue, but there is no ground for apprehending a fatal issue in the case.

WE are authorised to state that the Hull Medical School was closed at the termination of the last session. An advertisement of the institution has since appeared, but it has been determined not to re-open the school.

No sooner was it publicly announced that a native regiment at Allahabad had risen in mutiny and laid down its arms, than the class of "told you so" military prophets took up their parable, and declared that India was in danger of another mutiny from the authorities having adopted the policy of doctors and sanitarians in removing the troops from the plains to the hills. It turns out, however, that the report of the mutiny is utterly untrue.

THE people of Birmingham are to be commiserated as regards one of the conditions under which they live at present. According to Dr. Alfred Hill, the supply of water to the borough, when analysed by him on the 3rd August, was "highly charged with nitrogenous organic matter," and was also "turbid and bright green with minute vegetation." The sooner Birmingham puts its lately acquired Act in force for a new supply the better for the inhabitants.

THE Ambulance of the Paris Press, formed with the funds subscribed by the journalists of Paris, has, during the month of August, met with sad impediments and misfortunes. The whole establishment was actually made prisoners at some distance from Metz, and bandied about in a very rough manner. After passing through very severe ordeals (according to a letter signed "Léon Guillet," published in the *Gaulois*), the ambulance came in contact with King William himself; who, at last, ordered it to be sent to Saarbrück, whence it might return to France through Belgium. The name of "Ambulance of the Press" was partly the cause of all the mishaps.

DR. FRANKLAND, in his report on the quality of the London water-supply during the last month, remarks that the waters of the two companies which draw from the Thames below its junction with the Mole exhibited nearly twice as much evidence of previous sewage or animal contamination as the waters abstracted from the Thames above the junction. Twelve months ago Mr. J. N. Radcliffe reported that the Lambeth and Chelsea Companies ought to remove their in-take above the influx of the Mole, but it would seem that this has not been done.

THE Committee of Management of the West London Hospital, Hammersmith, have received from Mrs. Baker, wife of the Rev. R. G. Baker, of Fulham Vicarage, a promise of £1400 for building and entirely fitting up a female ward in the new hospital, to be called the Baker ward. Already considerable progress has been made in the works of the new building, and the Western district may be congratulated on the prospect of an early addition to its hospital accommodation, which is now painfully overtaxed.

THE Minister of Public Instruction of France has just appointed a committee of scientific men, who will confer with the military authorities as to the latest discoveries in physics and chemistry which may be applied to the defence of the capital. Professor Berthelot is the chairman. A second committee has also been formed to discuss all the medical questions relative to the siege. Professor Sée presides.

MR. SPENCER WELLS has been elected an honorary member of the Royal Society of Medical and Natural Science of Brussels.

FEVER is very prevalent just now at Leeds and Sheffield, causing a sixth of the total deaths in the latter town last week.

A COTTAGE HOSPITAL is about to be erected at Amlwch (Anglesea), at a cost of £500. The site has been given by Lady Dinorben.

THE Medical Society of Marseilles has decided that the patients of the members who are sent to the army shall be attended by members of the Society. Each doctor is, on leaving, to appoint a substitute; to whom he shall give the list of his patients. Such services are, of course, rewarded by the sick, but are quite disinterested on the part of the substitute.

THE Registrar-General's last Weekly Return records the death on the 5th inst., at Guy's Hospital, of a horsekeeper aged fifty-six years, which resulted from "glanders caught while attending a diseased horse."

THE building which was formerly the Sydenham Medical College at Birmingham has been fitted up as a model lodging-house for working men, with every care for the comfort and health of the occupants.

WITH the reduced temperature of the last three weeks, the fatality of diarrhœa in London has rapidly diminished, the deaths last week being 130, against three times as many returned weekly a month or six weeks ago.

A MEDICAL FELLOWSHIP, with a salary of £120 per annum, has been instituted by the Punjab University College at Lahore, for the purpose of translating and editing medical treatises in the Hindostanee language.

AMONG other ridiculous rumours that occasionally find their way into the papers, there was one which would have furnished a grim comment on glory if it had only been true—viz., that the Prussian Government had ordered 200,000 wooden legs from this country.

WE are requested to state that Mr. Henry Arnott, F.R.C.S., is not a nephew of Mr. Moncreiff Arnott, but of Dr. Neill Arnott.

Correspondence.

"Audi alteram partem."

RELIEF TO THE WOUNDED.

To the Editor of THE LANCET.

SIR,—Will you allow me through your pages to make a suggestion as to the form in which relief to the wounded of the continental armies might be sent, in such a way as to be immediately available when it arrives on the field.

The committee in Glasgow for the purchase of articles for the wounded, besides sending, in equal proportions to both armies, hospital clothing, instruments, Liebig's food, lint, chloroform, carbolic acid, bandages, &c., in bulk, have, at my suggestion, fitted up and sent out a number of boxes specially adapted for field hospitals, or hurriedly fitted-up tents or sheds, containing a few wounded men. Each box contains hospital clothing for two men, and sick rations which will last them a number of days, so that a surgeon with a pocket case of instruments could undertake the management of a number of wounded men without any other supplies, if provided with a box for every two patients. The lids are hinged, and fastened down with

screw nails, so that the box is useful for a table and cupboard.

The boxes are labeled, "Hospital clothing and sick rations for two patients, complete. Contents:—2 blankets; 2 flannel jackets; 4 sheets; 2 waterproof sheets; 2 shirts; 2 pairs socks; 1 jar Liebig's extract of meat; 1 tin arrow-root biscuits, 8 lb.; 1 tin rice, 7 lb.; 1 tin sago, 7 lb.; 6 tins preserved milk; 2 bottles essence of coffee; 2 tin pannikins; 3 tin plates; 1 lb. lint; 6 yards gutta percha tissue; 8 bandages; ¼ lb. chloroform; ¼ lb. tr. opii; ¼ lb. carbolic acid."

At the price charged by those who sell these articles here, with reduction allowed in consideration of their being for the wounded, such a box, packed with carded oakum, costs under £5. Two can easily be carried by a bât mule or pony, and on arrival at their destination almost everything needed for the treatment of the wounded and rations for many days are to be found together.

I am, Sir, your obedient servant,

Glasgow, Sept. 2nd, 1870. GEORGE BUCHANAN, M.D.

THE WAR AND THE SOUTH OF FRANCE.

To the Editor of THE LANCET.

SIR,—In one of your annotations on Sept. 3rd, you state that the south of France may be inaccessible to invalids this winter, or at least during the early part of it, and draw attention to a plan in contemplation for affording shelter to such invalids at Cairo, in Egypt. May I be allowed to state in your pages, what I have recently replied to many sufferers and intending emigrants inquiring what influence the present disastrous war was likely to have on the usual health resorts in the south of France and in the Riviera. I firmly believe that, whatever may be the issue of the war, the French health resorts, Hyères, Cannes, Nice, and Mentone, will remain calm, peaceable, and open to invalids. Their very existence depends on the winter influx of invalids and visitors; and it may be taken for granted that the authorities will do all in their power to secure the comfort, safety, and welfare of those who may visit them. We may also rely on the French Government protecting and helping those who wish to traverse the French territory in order to reach their winter abodes.

Nothing but civil war extending to every part of France could render the south inaccessible. Should Paris be the scene of conflict, the south is easily reached by Southampton, Havre, and the Brittany and Central of France Railways, through Bourges, without coming within a hundred miles of Paris. Should such an all but impossible state of things as universal civil war take place in France, there is still the resource of the two Italian Rivieras for those who want a dry, cool, bracing sunny winter climate, not far from home. Both the eastern and western Rivieras present this kind of climate. San Remo (near Mentone), Pegli, Nervi (near Genoa), Massa Carrara, are already colonised, and in a measure prepared for strangers. There are other large towns, such as Oneglia, Finale, Alassio, Savona, where more adventurous tourists might plant their flags as pioneers of the progress that is to be.

I would add that we must not forget that Alexandria and Cairo are two of the most unhealthy towns in the world, where drainage is all but unknown, where zymotic diseases are rife, where typhoid fevers approximating to the old plague may be said to be ever lurking; where even passing strangers constantly suffer from troublesome diarrhœa from unfavourable hygienic conditions. A house *quite* out of the town might escape these conditions; but such houses, I am told, are very difficult to get, and one, if found, would be filled by a dozen patients, whereas thousands migrate every winter, from health motives, to the south of France. Moreover, the climate of Cairo, which is in Lower Egypt, is not the really good Egyptian climate. The latter, I believe, is scarcely reached before Thebes is attained in Upper Egypt. North, moist winds often long prevail at Alexandria and Cairo.

I am, Sir, your obedient servant,

Grosvenor-street, Sept. 7th, 1870. J. HENRY BENNET, M.D.

HOME RESORTS FOR INVALIDS.

To the Editor of THE LANCET.

SIR,—I have seen, in your issue of the 3rd inst., Egypt advocated as a winter residence. No doubt Cairo is a charming climate, as I have experienced it in the month of January; but other places nearer home, I think, claim consideration. Such placesas Queenstown, Penzance, Funchal, and Malaga are delightful winter residences for the invalid. As of Cairo, I also have personal experience of Malaga and Funchal, the Cape, slightly of Algeria, and other mild climates. But why delicate people should undergo the discomforts inseparable from ship life and a long voyage, whilst they can get all they want at home, often puzzles me.

Now that the Continent is virtually closed, I would say to invalids, "Try your fortune nearer home." A residence abroad has many drawbacks. The language and the habits of foreigners differ from ours. There is a want of comfort for the invalid which counteracts in a great measure the good effects of climate; but even in this I will not yield our home resorts to foreign ones. For a quarter of the expense much more comfort and benefit may be obtained at home.

I write from Queenstown, whose terraces and beach in forenoons of winter months often remind one of the sunshine and warmth experienced in most southern latitudes.

I am, Sir, your obedient servant,

September, 1870. M.D.

PHARMACY AND MEDICAL PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—Some time back I noticed in your journal medical men complaining of the extent to which druggists were carrying on their prescribing business, which no doubt is highly injurious to the profession.

In the town in which I reside nearly all the general practitioners some ten years ago gave up sending their own medicines, and only wrote prescriptions. They are now beginning to see the results of their kindness to the chemists, for nearly every case the medical man is sent to he finds has been doctored by this dignitary first, and, therefore, he guesses before he sees the patient that it is a bad case.

I myself the other day was standing in one of the shops, and was greatly amused at seeing the people one after another come in to be doctored, the druggist actually in my presence feeling their pulses, &c. A short time ago I was sent for to a lady in very affluent circumstances, and I happened to drop the remark, "What a weak pulse you have," when she replied, "I know that; Mr. ——, the druggist, always tells me the same."

Now there is no doubt it is quite time that this kind of thing should be put a stop to, for I can clearly see, as time advances, that it will get worse. Is it not possible, in this Medical Bill which will be again shortly before Parliament, to get a clause inserted to somewhat restrict this kind of thing? The only other remedy I can see will be for all general practitioners to supply their own medicines, as in former days (which certainly is very *infra dig.*). and thus to wrench back from druggists that of which evidently they are depriving the profession.

I am, Sir, your obedient servant,

REFORMER.

POOR-LAW MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—Will you permit me, through your columns, to remind my professional brethren interested in this important question, that Mr. Brady has resolved, aided by a distinguished member of the House of Lords, to introduce a Bill, in the next session of Parliament, having for its object a very considerable reform in the administration of medical relief to the poor, and largely affecting the status of Poor-law medical officers.

In order to strengthen his hands in every possible way, I would appeal to all my brethren, who are in a position to do so, to forward me a statement of any facts which they may consider useful for the demonstration of the inefficiency

of the present system, whereby vast sums of money are yearly squandered in dealing with the consequences of sickness, which outlay, if applied to the prevention of disease, would ultimately result in an enormous saving to the rate-payers. In using any such information, the names of the contributors will be in every case withheld, unless distinct permission to publish them be given.

As it is most desirable to collate any such information without delay, I would urge such gentlemen as are willing to assist to communicate with me as early as possible.

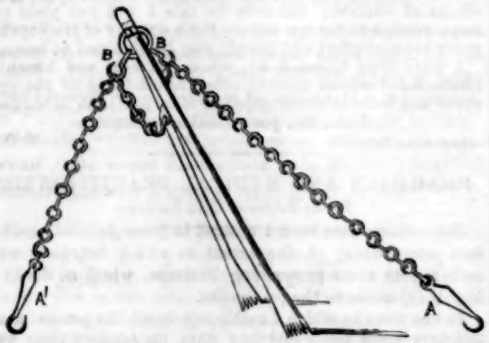
I am, Sir, your obedient servant,

33, Dean-street, Sept. 10th, 1870. JOSEPH ROGERS.

AN IMPROVED FORM OF DISSECTING HOOKS.

To the Editor of THE LANCET.

SIR,—I beg to forward a drawing of an improved form of dissecting hooks, with description, for insertion in THE LANCET, if you think the device of sufficient merit.



This form of dissecting hooks is designed to supply a want frequently felt in the dissecting-room—of having a muscle, vessel, or nerve separated, lifted from its bed, and made tense for cleaning. The accompanying sketch explains the position of the hooks when in use. A chain, having an ordinary dissecting hook (A A') at each end, is attached by two hooks (B B) to the joint connecting a pair of supporting legs. By means of these hooks (B B) the length of the chain is varied. One of the dissecting hooks (A) lifts and makes tense the structure to be cleaned or drawn out of the way, whilst the other fixes the apparatus. The instrument is quite out of the way, the part dissected lying between the hook (A) and the dissector.

I have found the instrument very useful; it has been made from my model by Aitkin of York.

I am, Sir, yours, &c.,

WM. THOMAS,

Birmingham, Aug. 29th, 1870. Demons. Anat. Queen's Coll. Birm.

Obituary.

JOHN BACOT, F.R.C.S.

ON September 4th, in his ninetieth year, died Mr. Bacot, the senior Fellow of the College of Surgeons of England, of which corporation he became a Member in 1801.

Mr. Bacot was descended from a French family, an ancestor being a Huguenot, who made his escape to England at the revocation of the edict of Nantes. Mr. Bacot's father and grandfather were members of the medical profession, and practised in John-street, Golden-square; he himself commenced his studies at St. George's Hospital in 1798, and was a fellow-pupil and intimate friend of Sir B. Brodie. He entered the Guards as assistant-surgeon in 1803, and served with the 1st battalion of the Grenadiers until 1820, being present at Corunna, Nive, Nivelles, and the taking of St. Sebastian. He commenced private practice in South Audley-street in 1820, and became surgeon to the St. George's and St. James's Dispensary. Having early become a member of the Apothecaries' Company, Mr. Bacot served all the "offices" of that Society; he was also for a time editor of the *Medical and Physical Journal* in conjunction with Dr. McLeod. He likewise took a warm interest in the various benevolent medical societies, of which he was an active supporter.

When the University of London was founded Mr. Bacot was appointed one of the Senate; he was also Inspector of Anatomy, first in the provinces, and afterwards for London, and retired from that office with a small pension some fourteen years ago. He was appointed a member of the Board of Health in 1854. Mr. Bacot enjoyed a good practice in his time, and brought up a son to the profession, whom he lived to see retire as Honorary Deputy Inspector-General of Hospitals, after twenty-six years' service.

GEORGE SALTER, M.R.C.S., L.R.C.P. EDIN.

WE regret to announce the death of Mr. George Salter, of Malmesbury, Wilts, on September 6th, of typhoid fever, aged forty-three. Mr. Salter was the son of the late S. W. Salter, Esq., of the same place, and studied at University College, becoming a member of the College of Surgeons and a Licentiate of Apothecaries' Hall in 1850, and obtaining the licence of the College of Physicians of Edinburgh in 1860. Mr. Salter was a union medical officer, a certifying factory surgeon, and medical inspector of militia recruits for the district.

JAMES CROSS, ESQ.

MR. CROSS was one of the few remaining members of our profession who served through the Peninsular War under the Duke of Wellington. He entered the Army in 1811, and was attached to the 94th, the 66th, and the 83rd Regiments of Infantry, and the 3rd Light Dragoons. He retired on half-pay in 1837. He received the medal and four clasps for Badajoz, Nivelles, Orthes, and Toulouse. Mr. Cross was a native of Glasgow, at the High School and University of which he was educated, and he was licensed by the Faculty of Physicians and Surgeons. He was distinguished for his active and practical mind, and for his promptitude in ready appliances under difficulties. His kind and genial disposition rendered him most popular with the officers and soldiers with whom he served. He died at Glasgow, on the 1st of September, in his eightieth year.

THOMAS HUNTER, M.B. EDIN., L.R.C.S.E.

THIS promising young surgeon died on the 4th of September, aged twenty-five, at Castle Douglas, N.B., where he had commenced practice only in May last. Mr. Hunter was a distinguished pupil of the University of Glasgow, and was highly esteemed in the neighbourhood where he had established himself. The cause of his death was Bright's disease.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on September 1st and 8th:—

Parker, Alfred Henry, Queen's-road, Dalston.
Smart, David, Cranbrook, Kent.
Warner, Francis, Highbury-crescent.
Watson, Walter George, Westbourne-grove.

(In a recent pass-list of Apothecaries' Hall (preliminary examination) the name "Frederick Thomas Marsey" should have been "Frederick Thomas Maisey.")

QUEKETT MICROSCOPICAL CLUB.—At the meeting of this Club at University College on Friday, Sept. 23rd, at eight o'clock, a paper will be read by Mr. B. T. Lowne, M.R.C.S., "On so-called Spontaneous Generation."

UNIVERSITY OF EDINBURGH.—Professor Allman is about to resign the chair of Natural History in the University of Edinburgh on account of ill-health. He has held the chair since 1855. It is said that Sir Roderick Murchison has resolved to give £6000 towards the endowment of a chair of Geology and Mineralogy in the University, if the Government show equal liberality in the matter.

DR. BOWMAN and Mr. Potts have been placed on the Commission of the Peace for Sunderland.

MISS EMMA LEE has bequeathed the sum of £100 towards the funds of the Meath Hospital, Dublin.

THE DEFENCE OF PARIS.—Convents, public schools, the offices of large companies, mansions, and even the place of meeting of the former Senate, and the Privy Council, have been turned into temporary hospitals.

WE regret to hear that lung-distemper among cattle prevails extensively in various parts of Ireland, but more especially in the vicinity of Dublin, where great loss has arisen to the owners, as all curative measures have so far proved inoperative.

DR. HARDWICKE, medical officer of health at Paddington, and deputy coroner for Central Middlesex, has left England for the seat of war. He has been intrusted by the Society for Aid to the Wounded with apparatus, ether, morphine, &c., in order to contribute to the comfort of poor fellows wounded in this disastrous war.

SWISS BENEVOLENCE.—A flying hospital, at the head of which are ten Swiss medical officers, has left Paris for the seat of war. All the expense has been defrayed by the Helvetic Government. This ambulance acts with the Central Society of Paris for help to the wounded.

MEDICO-CHIRURGICAL SOCIETY OF GLASGOW.—At the meeting of this Society, held on Friday, September 2nd, in the Hall of the Faculty of Physicians and Surgeons, the following gentlemen were elected office-bearers:—President: Dr. James Adams. Vice-Presidents: Dr. Steven and Dr. James Stewart. Council: Dr. Richmond (Paisley), Mr. M. H. Gibson, Mr. Torrance (Airdrie), Dr. H. Thomson, Dr. James Gray, Mr. Robert Grieve, Mr. Pollock (Mearns), Dr. R. Renfrew. Secretaries: Dr. R. Perry and Dr. Alexander Robertson. Treasurer: Dr. H. E. Howatt.

ACTION BY AN UNQUALIFIED PRACTITIONER.—At the Croydon County Court, on the 12th inst., before R. Cecil Austin, Esq., Deputy-Judge, Mr. Adolphus Kleczewski, of the Manse, Lower Sydenham, brought an action to recover a bill for medical attendance. The learned judge asked him if he were a member of the College of Surgeons, or of the Apothecaries' Company, and on his replying in the negative, read to him Sect. 23 of the Medical Act, 1858, which enacts that, "no person shall be entitled to recover any charge in any court of law for any advice, &c., unless he shall prove upon the trial that he is registered under this Act," and his Honour gave judgment for the defendant.

Medical Appointments.

BAKER, O., L.R.C.P.Ed., House-Surgeon to the London Hospital, has been appointed House-Surgeon to the York County Hospital, vice R. Hewetson, M.R.C.S.E., resigned.

BURDY, Mr. A. R., has been appointed Resident Medical Officer to the Royal United Hospital, Bath, vice R. Carter, M.D., resigned.

EVANS, O., M.R.C.S.E., has been appointed Medical Officer for the Pentrefoelas District of the Llanrwst Union, Denbighshire, vice W. Hughes, M.R.C.S.E., deceased.

FREEMAN, D., M.R.C.S.E., has been appointed Surgeon to the St. George, Hanover-square, Dispensary, Mount-street, Grosvenor-square, vice F. M. B. Sims, L.R.C.P.L., F.R.C.S.E., resigned.

FURLONG, Dr., has been appointed a Demonstrator of Anatomy at the Catholic University, Dublin.

HALLOWES, A. H. B., M.R.C.S.E., has been appointed Medical Officer for District No. 2 of the Maidstone Union, vice G. H. Furber, M.R.C.S.E., resigned.

HAYES, P. J., L.R.C.P.Ed., Senior Demonstrator of Anatomy at the Catholic University, Dublin, has been appointed Medical Registrar, vice Thomas Laffan, L.K.Q.C.P.I., appointed Medical Officer to the Cashel Union Workhouse and Fever Hospital.

HOGG, A. J., L.R.C.P.Ed., M.R.C.S.E., has been appointed House-Physician to St. Bartholomew's Hospital, vice H. A. Smith, M.R.C.S.E., resigned.

HORSFALL, J., F.R.C.S.E., has been a pointed Surgeon to the Leeds Public Dispensary, vice T. R. Jessop, F.R.C.S.E., appointed to the Leeds Infirmary.

HOYLE, R. C., L.R.C.P.Ed., has been appointed Medical Officer for District No. 5 of the Barnstaple Union, vice W. H. Ackland, M.D., resigned.

HUGHES, W. H., M.R.C.S.E., has been appointed Medical Officer to the Workhouse of the Ashton-under-Lyne Union, vice R. Wood, F.R.C.S.E., resigned.

ISTANCE, R., M.R.C.S.E., has been appointed Medical Officer for the newly arranged Risca District of the Newport Union, Monmouthshire.

LEIGH, Mr. J. T., has been appointed Medical Officer and Public Vaccinator for the Somersham District of the St. Ives Union, Hunts.

LEWELLYN, J., M.R.C.S.E., has been appointed Medical Officer for the newly arranged Bedwas District of the Newport Union, Monmouthshire.

LITTLE, C. E., M.R.C.S.E., has been appointed Medical Officer to the St. Pancras Schools at Leavesden, Woodside, near Watford, Herts.

LOANE, T., M.R.C.S.E., has been appointed Medical Officer for the Aldgate District of the Whitechapel Union, formed upon a rearrangement of Medical Districts.

MANNING, F. N., M.D., has been appointed Inspector of the Insane in the Colony of New South Wales, and Superintendent of the Hospital for the Insane at Gladesville, near Sydney, New South Wales.

MORRIS, J. A., M.R.C.S.E., has been appointed Medical Officer for the newly arranged Caerleon District and the Schools of the Newport Union, Monmouthshire.

PENFOLD, O., M.R.C.S.E., has been elected Assistant-Surgeon to the Bendigo Gold District Hospital, Sandhurst, Victoria.

POLE, A., M.D., has been a pointed Medical Officer for Walls and the United Parishes of Sandsting and Aithsting, Shetland.

RAWLINGS, J. A., L.R.C.P.Ed., has been appointed a Medical Officer for Out-patients of the Swansea Hospital, vice G. R. Thomas, M.R.C.S.E., resigned.

SECCOMBE, E. H., M.B., has been appointed Assistant Medical Superintendent of the Royal India Lunatic Asylum, Ealing.

SIMPSON, A. B., L.R.C.S.Ed., has been appointed Resident Medical Officer at the Birmingham Workhouse, vice E. B. Whitcombe, M.R.C.S.E., appointed Assistant Medical Officer at the Birmingham Borough Lunatic Asylum.

SMITH, H. C., M.R.C.S.E., has been appointed Public Vaccinator for District No. 1 of the Maidstone Union, vice G. Sanders, F.R.C.S.E., and G. H. Furber, M.R.C.S.E., resigned.

TAYLOR, F., M.B., has been appointed Demonstrator of Anatomy at Guy's Hospital.

THOMAS, Mr. A., has been appointed one of the Junior Resident Medical Officers to the Royal Free Hospital, Gray's-inn-road.

TOBIN, G., M.R.C.S.E., has been appointed Medical Officer for the Chorley No. 1 District and the Workhouse of the Chorley Union, vice J. Morris Rigby, M.D., resigned.

TOWNSEND, T. S., M.R.C.S.E., has been appointed Resident Medical Officer to the Public Dispensary, Stanhope-street, Clare-market, vice F. Taylor, M.B., appointed Demonstrator of Anatomy at Guy's Hospital.

WALKER, T. A., M.R.C.S.E., has been elected Resident Medical Officer at the Dudley Dispensary, vice G. C. Searle, M.R.C.S.E., resigned.

WALL, Mr. A. J., has been appointed a House-Surgeon at St. Mary's Hospital.

WHITTLE, A., M.D., has been appointed Physician to the Stanley Hospital, Liverpool.

Births, Marriages, and Deaths.

BIRTHS.

ATWOOD.—On the 12th inst., at Ladbroke-grove, Notting-hill, the wife of Dr. Atwood, of a son.

BOAST.—On the 4th inst., at Wymondham, Norfolk, the wife of Dr. B. R. Boast, of a daughter.

HOPKINS.—On the 11th inst., at Llantrissant, the wife of Dr. Hopkins, of a daughter.

JESSOP.—On the 10th inst., at Park-square, Leeds, the wife of T. R. Jessop, F.R.C.S., of a son.

M'LEOD.—On the 4th inst., at Galston, Ayrshire, the wife of John B. M'Leod, M.D., of a son.

PRICE.—On the 11th inst., at Kettering, the wife of J. Lowe Price, Surgeon, of a daughter.

SWINSON.—On the 31st ult., at Turvey, Beds, the wife of George Newton Swinson, M.R.C.S.E., L.R.C.P.Ed., of a son.

YORKE.—On the 4th inst., at Granard, Co. Longford, the wife of C. F. Yorke, L.K.Q.C.P.I., of a son.

MARRIAGES.

GREWCOCK—DAVIES.—On the 7th inst., at Old Edgbaston Church, John Baily Grewcock, M.R.C.S., of Langarne House, Pershore, eldest son of Dr. Grewcock, of Folkingham, Lincolnshire, to Bridget Sarah, only child of the late John Davies, formerly of Trawsmawr, Carmarthenshire.

HAYDON—YATES.—On the 17th ult., at Newton Abbot, N. T. J. Haydon, L.R.C.P.L., to Mary Ann B. C. Yates, eldest daughter of Major Yates, of the Madras Retired Establishment.

SARGENT—PEARCE.—On the 6th inst., at the Parish Church, Holsworthy, Devon, Henry Edwin Sargent, M.D., M.R.C.S., L.S.A., of Polyphant, Launceston, to Anna Maria Clara, only daughter of Thomas Pearce, Surgeon, of Holsworthy, N. Devon.

STEPHENS—BENNETT.—On the 14th inst., at Penwerris Church, Falmouth, Richard Frederick Stephens, Surgeon, of St. Austell, Cornwall, son of S. Stephens, Esq., of Penryn, to Bessie, daughter of the late John Bennett, Esq., of Redruth.

WOOD—POTTER.—On the 9th ult., at Cramlington, Thomas Outterson Wood, L.R.C.P., &c., of Dunston Lodge Asylum, near Newcastle-on-Tyne, to Caroline Augusta Charlotte, youngest daughter of the late Edward Potter, Esq., of Cramlington House, Tynemouth, Northumberland.

DEATHS.

FEARN.—On the 8th inst., at Samaden, Switzerland, S. W. Fearn, F.R.C.S.E., a Consulting Surgeon to the Derbyshire General Infirmary, Derby.

GELL.—On the 27th ult., at Vivian House, Southam, Warwickshire, Walter Edwin, infant son of Alfred Scott Gell, M.R.C.S.

GRAVES.—On the 1st inst., at Birmingham, Alfred Burgess Graves, L.S.A., of Banbury, Oxfordshire.

MACAULAY.—On the 1st inst., at Carlton Villa, Lodge-lane, Princes-park, Liverpool, Dr. Duncan Macaulay, aged 78.

SNITCH.—On the 31st ult., at Victoria-street, Westminster, Dr. C. J. Snitch, aged 74.

STURGES.—On the 6th inst., at Honduras-terrace, Commercial-road East, Charles Sturges, M.R.C.S., L.S.A., aged 62.

WILLIAMS.—On the 4th inst., Laura Alice, daughter of Dr. Williams, of Vronhaul, Festiniog, North Wales.

Notes, Short Comments, and Answers to Correspondents.

"QUESTIONABLE ECONOMY."

IN reference to an annotation which appeared in our issue of Sept. 3rd, under the above heading, we are in justice bound to state what we have learned to be the case—viz., that the drugs and chemicals supplied to the Royal Navy are obtained from a firm of high respectability and repute. An evening contemporary linked together our statement that the Admiralty had adopted the system of tenders for medicines with another about herbalists, and suggested that the authorities would find that the employment of these as substitutes for medical officers would still further tend to develop their principles of rigid economy. We do not know to what extremities the Admiralty may be driven in order to procure assistant-surgeons; but there is no doubt that the respectability of the firm whose tender for medicines was accepted will be a guarantee of their quality, however objectionable a system of tenders for such a purpose may be.

C. P. H.—The gentleman referred to is not a member of any medical corporation. His doctorate is non-medical, and it was conferred upon him as an honorary degree by Trinity College, Dublin, on account of his literary distinction.

G. H.—We do not prescribe. Consult some respectable practitioner.

THE NATIONAL SOCIETY FOR AID TO THE SICK AND WOUNDED.

To the Editor of THE LANCET.

SIR,—The amount of work devolving upon the very small number of members of the Committee of the Society in Aid of the Sick and Wounded at present in town is so large that it is almost impossible to reply to all the inquiries which are daily addressed to this Office. May I, therefore, request that you will kindly inform your readers that the qualifications of medical gentlemen desirous of offering their services to the Society should be a thorough practical acquaintance with surgery, and a good knowledge of either German or French. According to all the information received from the belligerents, a conversational knowledge of one of those languages is indispensable. It is further necessary that all surgeons who volunteer their services should accept office for not less than one month, and that they should consent to act under the direction of the officers of the French or German armies with whom they may be associated.

The gentlemen who are sent to the foreign hospitals or to the seat of war by the Society give their services gratuitously; but the Society advance them £1 per diem for their expenses, with the understanding that any surplus should be devoted to the benefit of the poor sufferers with whom they are brought into contact.

I also add the list of articles which our Medical Committee have recommended to be sent out, and which the letters received from abroad have proved to be as acceptable as they are expected to be.

List of Articles suitable to be sent to the Sick and Wounded.

Committees in provincial towns and firms presenting goods might retain the stores, advising the Central Committee by invoice.

Surgical Appliances.—Amputating instruments; bullet extractors; forceps and tenacula; bone-nippers of various sizes and shapes; pocket-cases of instruments; bistouries; syringes; tourniquets; spray-producers; subcutaneous syringes; splints of all sizes; lint; rollers of cotton, linen, or flannel, with the length marked upon each; waxed silk thread; air and water cushions; ice-bags; waterproof sheeting; gutta-percha tissue, and in the piece; oil-silk; clean linen rags.

Medicines.—Opium in all forms; opium in pills, one grain in each, put up in small bottles, each containing four dozen pills; morphia in pills, one-quarter grain in each, put up in small bottles, each containing four dozen pills; laudanum, in 2 oz. bottles; liquor ammoniæ, in 2 oz. bottles; sal volatile, in 8 oz. bottles; nitrate of silver, in cases; chloroform, 1 lb. in each bottle; hydrate of chloral, in 2 oz. bottles; carbolic acid, Condy's fluid, or permanganate of potash; chlorinated lime and soda; sulphate of quinia, in bulk or in pills, two grains in each, and put up in bottles, each containing four dozen; effervescing salines; oxide of zinc; strapping. The medicines should be distinctly labeled in Latin and English, and the dose stated in each case.

Food.—Concentrated meat essences of all kinds; Liebig's extract of meat; compressed and preserved vegetables; arrowroot; corn-flour; coffee; cocoa; biscuits; condensed milk; syrups; vinegar; ale, stout, sherry, port (in pint bottles).

Sundries.—Tin pannikins, for half-pint and one pint, made to fit into one another for convenience of packing; enamelled plates, dishes, and basins; spoons; zinc buckets; knives and forks; soap; pocket-combs; hones for sharpening knives; hand-lanterns for use, with wax candles; pillow-cases, partly open at one end, and from 2 to 3 feet by 1½; sheets; blankets; jerseys; drawers; socks; slippers; hospital marquees, empty, or completely fitted out.

In conclusion, I would add that gentlemen who wish to volunteer as surgeons or dressers are required to fill up a certain form, copies of which may be obtained on application at this Office, after which a personal interview between the hours of 2 and 3 P.M. is requested.

I have the honour to be, Sir,
Your obedient servant,
R. LOYD-LINDSAY,
Lieut.-Col., and Chairman of Committee.

2, St. Martin's-place, Sept. 6th, 1870.

NEWSPAPER PUFFS.

Maldon, Essex.—It is much to be regretted that such paragraphs should appear; but we are bound to say that they are often owing to the ill-advised advocacy of injudicious friends.

Dr. Sturges' (Beckenham) request shall be borne in mind.

UNQUALIFIED PRACTITIONERS.

UNDER the heading of "Suspicious Death at Ashwick," intelligence is afforded about an inquest held before J. Wybrants, Esq., coroner, on the body of Maria Wilcox, who appears to have died from the effects of a recent confinement. It appears that deceased had been attended by a Mr. Major, of Ashwick, a young gentleman who had been an assistant of the late Dr. Cartner, and at whose demise he became his successor, and took his practice. Now, we are far from saying that the unfortunate issue was attributable to any want of care on the part of Mr. Major, because such was not the fact. We notice the subject only to ask whether Mr. Major possesses any professional qualification? As far as we can gather, this does not appear to be the case; and such is the happy state of our law that it seems to be quite unnecessary in many parts of this kingdom to possess a qualification. We think the coroner was right in holding an inquest under the circumstances.

THE *Wilts and Gloucestershire Standard* does good service in exposing the folly of the anti-vaccinationists, and the force of the simple facts which demonstrate, to all people who can reason, the advantage of vaccination.

Mr. Thos. Couch.—Sir William Kulghton was physician to King William IV.

THE SICK-CLUB SYSTEM.

To the Editor of THE LANCET.

SIR,—We shall be much obliged to you for space in your valuable journal to insert a few brief remarks in reply to a letter which appeared in THE LANCET of August 20th, written by Dr. E. T. Tylecote, of Great Haywood, Stafford. In a previous number of THE LANCET we advertised for a medical man to reside in this neighbourhood; and as we consider Dr. Tylecote's letter has a tendency to discourage applicants, we wish to offer a few remarks.

For several years Dr. Tylecote and his brother have been the medical officers to the different Friendly Societies in this neighbourhood, of which there are several. On application to these Societies, the medical fee has been increased, and at the present time the doctor's pay from each Society is 4s. per member per annum. This is not thought by them sufficiently remunerative, and is, therefore, considered one of the evils of the Sick-Club system. They assert that they believe they have the hearty co-operation and sympathy of all the medical gentlemen in the neighbouring towns, with one exception. We infer from this that the medical profession in this part of the country are *dissatisfied* like the Messrs. Tylecote, yet have not had the moral courage to complain. Perhaps their task will not be so difficult since Dr. Tylecote has taken the initiative.

Now, Mr. Editor, one of the candidates (of which we have many) who has applied for the surgeonship of our Lodge, and who resides in a neighbouring town of the county, considers 3s. 6d. per member remunerative. The same gentleman has had extensive practice with Odd Fellows and other Societies, and never knew an instance of so much as 4s. a member being charged. Also in an adjoining parish, in which is an Odd Fellows Lodge of the Manchester Unity, the medical man receives only 3s. per member. We could quote other instances, were it necessary to do so, to show that in this neighbourhood the Friendly Societies pay their doctor well.

The second evil spoken of in Dr. Tylecote's letter is the admission into Friendly Societies of persons who are able to pay a bill. This has been a sore subject with Dr. Tylecote for some time. He has caused several highly respectable members to leave our Society, and others, who are subscribing members, have signified their intention of leaving the Lodge if it is not clearly understood between the Lodge and their medical man that the rules of the Society are strictly adhered to—viz., that we admit persons (no matter what their position) as subscribing members; also that the medical officer is bound to provide proper and sufficient medicine and medical attendance. As Dr. Tylecote refuses to attend Club members (who are in a position to pay) on these terms, he has broken his contract with the Lodge, and hence the necessity for our advertising for a medical practitioner for this neighbourhood. If we were to accede to Dr. Tylecote's wishes, and exclude from our Society men who are farmers, innkeepers, tradespeople, &c., we refuse a contribution which helps a poorer brother. We agree with him that it is difficult to draw a line, and say who shall and who shall not be members of Friendly Societies. On one occasion he expressed in the Lodge-room that no man ought to be in a Friendly Society who was in the receipt of more than 15s. a week.

In a case of late occurrence Dr. Tylecote has submitted a bill of one guinea to a subscribing member of seven years' standing. This was paid by his wife during the member's absence. This breach of contract the Lodge is determined to withstand. The very class, therefore, the doctor wishes to shut out, we, on the other hand, encourage to join.

One more remark on this subject. Dr. Tylecote, after mentioning the case of a farmer paying his £300 a year rent, of a second milking his forty or fifty cows (which is an exaggeration), of a third, the keeper of the village inn (who, in fact, rents only eleven acres), goes on to say that there are seven others who pay £200 a year rent. This we most emphatically deny.

With all due deference to Dr. Tylecote, we beg to say that we do consider the surgeonship to a large and flourishing branch of the Odd Fellows, such as exists at Weston-on-Trent, is a sufficient bait to a medical practitioner to venture into the neighbourhood. We beg to state that we have at the present time 136 members, and an accumulated fund of nearly £1500. The Odd Fellows have families, who require medical help; and, further, as Weston is centrally situated, we have no hesitation in saying that an efficient medical man would be successful in his profession in a short time.

I am, Sir, on behalf of the Committee,
Your obedient servant,
WILLIAM YATES, *Secretary.*

Weston-on-Trent, Stafford, Sept. 9th, 1870.

SPASMUS CYNICUS.

Epsilon asks—"Can any reader of THE LANCET suggest treatment for a case of clonic spasmus cynicus, or risus sardonicus, in which change of air, quinine, strychnine, ferruginous preparations, and sedatives, including hyoscyamus, opium, and particularly stimulants, have proved unsuccessful?"

Calomel.—The delay arises from pressure upon our space.

AID TO THE WOUNDED.

IT is very generally felt that the Government have lost a great opportunity for promoting friendly feelings between this country and the continental powers in not having sent, immediately on the outbreak of war, a large number of its military and naval surgeons to the aid of the belligerent armies; and the public medical services have sustained a still greater loss in having missed an opportunity of acquiring practical knowledge of medical administration, the transport of wounded, and military surgery, such as is never likely to occur again.

A Student.—Mr. Liston was surgeon to University College Hospital.

TREATMENT OF SCARLET FEVER.

To the Editor of THE LANCET.

SIR,—When *Dr. Sweeting* published in your journal a paper upon this subject, containing the statement that he had not seen a case of scarlet fever treated with either cold affusion or cold sponging which had not either succumbed to death in the first stage or to albuminuria in the second, I ventured to question the obvious deduction that this treatment is a bad one, in the hope that in his reply he would be good enough to favour us with the figures which led him to make this observation; and I was also bold enough to say that I considered that Dr. Sweeting's experience of this form of treatment must be limited, since the published opinion of the profession, both here and abroad, is in favour of it, and since I myself am able to point to cases which have recovered well under it. Dr. Fergus, who also wrote in this matter, seems to have felt this want of actual numbers too, since he asks Dr. Sweeting to state definitely how many cases in his experience he considers to owe their death to cold sponging. In the hope of obtaining this information, we read Dr. Sweeting's reply, and we are disappointed. In a preliminary paragraph he expresses the difficulty he finds in understanding how it is that those who advocate cold sponging have so small a per-centage of deaths. This difficulty he has, no doubt, by further reflection smoothed away; for the answer is almost obvious: it is because they *do* use it—because they *do* find it, and show by their figures that they find it, the efficient remedy it is said to be. The mortality shown by statistics is, no doubt, high; but I think that Dr. Sweeting will be inclined to allow that cold affusion is not in the general use he implies. It is not in general use in private practice; and here we have one reason for the high statistics which Dr. Sweeting cannot understand.

The real discussion is introduced by the sentence: "The *vexata quæstio* is really cold affusion in scarlet fever." Granted this is the question. But may I be permitted to ask who vexed it? As far as I can make out, doctors were unanimous enough on the point until Dr. Sweeting cut in without either facts or figures in support of his opinion. There seems, indeed, to be some little difficulty about these figures. Dr. Sweeting is at the trouble of repeating to himself categorically Dr. Fergus's question: "Will Dr. Sweeting state precisely how many deaths he can trace to cold sponging, and in how many instances dropsy was the result of it?" The answer Dr. Fergus gets is, that some get well under the treatment, and some do not; "at the same time we know scarlet fever is *very fatal in large towns*, where the cold-water treatment is most used, and we are tempted to blame it." That Dr. Sweeting should now know that some cases recover under the treatment must be of the experience of others, because he has never seen one do so; but surely there must be some little misreading or mistake in the latter part of the sentence, "and we are tempted to blame *it*!" Surely this should either read, "and *I* am tempted to blame it, or "and *we* are tempted to blame them." I really do not think it would be quite fair to charge cold affusion with a high mortality because scarlet fever is more fatal in large towns than elsewhere.

When it is said that, in admitting that this treatment is recommended by many able book-writers and publishers, we are to remember that it is disapproved of by many of the present race of practitioners. I would have it remembered also that the book-writers (I do not think their publishers have much to do with the matter) are the leading men of the present race; they are the men to whom we are to look for a matured opinion based upon the most extensive and recent knowledge which such exceptional men as these are able to bring to bear upon a given point. Naturally these are our guides, because they must always go before us; they are leaders who have made themselves leaders, not out of mere ambition, but because, through sheer love of knowledge and capability of acquiring and using it, they have unconsciously passed all others; so that they now govern and direct the way of those who are not able, with them, to keep in the first ranks, and to descry the path for themselves. I should be careful of contradicting the opinions of these men, unless backed up (in the total absence of figures) by a few facts. There are those, however, who are not so timorous; and Dr. Sweeting anticipates our desire to know the names of these bold spirits by telling us that many of them are "unknown to fame, but still treading the ways of a useful and noble life." Many reasons influence the opinions of men in general practice in matters of this kind—where it is sought, for instance, to introduce a remedy which must appear violent and opposed to reason to every unprofessional person. I do not presume to say that any such consideration has influenced Dr. Sweeting's acquaintances; but its having done so would still be quite compatible with their treading noble paths unknown to fame.

Again, to say that no one used the remedy before Currie is to prove Currie's idea an original one, but scarcely warrants one in saying that we have for that reason the experience of thousands of years against it. Apart from the treatment of scarlet fever by prehistoric man, of which I venture to say Dr. Sweeting has not much knowledge, I should like to know with what record he is acquainted which justifies him in saying that the opinion of mankind in all ages and in all countries was against cold affusion till Currie came? Perhaps, finding neither facts nor figures recorded, he took it for granted that, if there had been any, they would have been against the remedy. In this way he may even be said to be backed—paradoxical as it appears—by prehistoric races.

But all this is something beside the point. What are pre-eminently necessary in either forming or attacking a scientific opinion are facts and figures. Appeals to the action of rural practitioners or to the surmises of men treading noble paths unknown to fame will scarcely weigh in a balance weighted with the opinions of those who are acknowledged to be the judges in the matter. General impressions are of worse than no value in a matter of science; and the man who acts upon them in this or any other affair will, ninety-nine times in a hundred, find he has made a mistake.

I am, Sir, your obedient servant,

J. ASSHETON THOMPSON, L.R.C.P. Lond.

Caledonian-road, August 17th, 1870.

THE INJUSTICE OF VACCINATION ARRANGEMENTS.

Mr. Alfred Ebsworth complains to us that he has been refused his fees for public vaccination for the last three quarters by the guardians of St. Saviour's Union. The clerk's letter in reply to Mr. Ebsworth's claims is as follows:—

"SIR,—Your letter of the 29th ultimo was duly read at the meeting of the guardians held yesterday, and they regret that, inasmuch as you have not been appointed a public vaccinator by them, they cannot entertain your claim in respect of fees you allege to be due to you for the performance of vaccination for the last three quarters.

"Yours obediently,

"JAMES J. BLAKE."

It will scarcely be believed that Mr. Ebsworth, who had been public vaccinator for eleven years to the Trinity district of St. Mary's, Newington, had had no intimation that his functions as such had ceased until he received this refusal of his fees. What makes the matter worse is that he has been long known as a public vaccinator, and has vaccinated very extensively. We have often remarked on the impolicy of discontinuing the services, as public vaccinators, of men well known to the poor of their district; but to do so without other notice than the withholding of hardly-earned fees, the only extras of an arduous Poor-law appointment, is more than impolicy—it is injustice.

A Student of St. Bartholomew's writes to express the regret felt amongst the students at the abolition of the custom of delivering an introductory lecture at that hospital.

W. J. S.—The paper shall appear in an early impression.

INFLUENCE OF ATMOSPHERIC AIR ON WOUNDS.

To the Editor of THE LANCET.

SIR,—I would not venture to ask your indulgence to insert a few words in THE LANCET had it not been that I observed a communication in your issue of August 27th from Dr. C. Black, of Glasgow, in which there are some doubtful, if not incorrect, statements, though no doubt intended for the advancement of science.

It appears to me that Dr. Black's anxiety to do good impedes and obstructs his efforts and attempts to arrive at just and fair conclusions. I may be, perhaps, pardoned for asking Dr. Black to explain the following statements, as without any further light they appear to me unintelligible in scientific point of view.

1st. "It is vitality that prevents our bodies from decomposition."

2nd. "The oxygen of the atmosphere reduces the tissues from their more complex to their elementary or ultimate form."

Analytical chemistry does not teach us that oxygen is the active agent to resolve a compound to its elements. On the contrary, synthetical chemistry explains to us that oxygen is the agent to combine and unite with others, so as to produce a compound; besides, I learn from authorities that oxygen always exists in nature in a state of chemical union.

Your obedient servant,

September, 1870. A LOVER OF SCIENCE.

Query.—With regard to the permanency of appointment of medical officers, the Poor-law Board explain, in a letter to the St. Pancras guardians, that the provisions of the order only apply to medical officers who are appointed after the 29th instant; and that if the guardians prior to that date appoint the medical officers for a period of three months, their terms of office will cease at the expiration of that time. We apprehend the same principle will apply to all appointments for a limited time made before the 29th. If quinine is not to be paid for yearly, note must be taken of the quantity used for pauper patients, which must be charged for definitely.

Mr. Lawson Tait.—Certainly.

A. B.—An apprenticeship is not necessary; and before beginning any medical study which will count towards a diploma, a youth must pass a preliminary examination in general education. Consult our Students' Number.

POOR-LAW MEDICAL OFFICERS ASSOCIATION.

To the Editor of THE LANCET.

SIR,—Would you be so good as to insert the accompanying extract from the minutes of the Council meeting of the Poor-law Medical Officers Association, held this evening.

"It was moved by Dr. Dixon, seconded by Dr. Pinder, and carried unanimously—That Dr. Dudfield's resignation be accepted with great regret, and that the best thanks of the Council be tendered to him for the able and willing services which he has at all times rendered to the Association, and also for the invariable kindness which characterised the discharge of his duties as honorary secretary for the past four years."

I am, Sir, yours obediently,

September 6th, 1870. J. WICKHAM BARNES, Hon. Sec.

GOOD BREAD WITHOUT YEAST.

WITH reference to a paragraph that appeared in our number of the 3rd instant, about Horsford's American baking-powder, we may intimate that Mr. Van Abbott, of Princes-street, Cavendish-square, is the appointed agent for the sale of this article. Mr. Van Abbott has forwarded us a sample, with which we have succeeded in making an agreeable bread of good appearance.

Mr. Taylor is thanked for the information.

One who would go.—We are powerless to aid our correspondent in the matter.

Mr. C. J. Rix (Whalley) is referred to THE LANCET for July 30th. Further information could, no doubt, be procured from Dr. Robert Fowler, Bishopsgate-street Without.

A Subscriber, (Rotherham.)—We fear not. Why does not our correspondent try whether an application to the police would have any effect?

MEDICAL SERVICES TO MEDICAL MEN.

Roderick.—We are glad to learn that we misunderstood our correspondent when he last wrote to us. We cannot agree with him in his present suggestion, that when one medical man attends a member of the family of another, he should be paid a half fee. Surely we can see each other's families without a fee. If the service is a simple one, and does not involve much time, it is nothing more than one professional man should be willing to do for another. If the service is more onerous, let the sense of obligation dictate some recognition of it other than a fee.

Dr. L. D. H. Russell.—We can only express regret that our correspondent was not fortunate enough to obtain his wish. It is certainly not often that surgeons holding appointments will resign them, and travel some thousands of miles in order to proffer their services gratuitously. Our correspondent started from New York as a medical volunteer for the war, and he asks our advice as to how he is to get there. It appears that he has been informed by the National Society for Aid to the Sick and Wounded that his services are not required, owing to the surgical staff being full.

W. H. H.—We could not advise any action in the case under the present Act. Clause 40 is too vague to base a prosecution on it, though it is violated by any person practising upon the general public on the strength of a foreign degree.

Mr. Henry Collins.—The degree named cannot be registered in England.

THE CASE OF STRANGULATED INGUINAL HERNIA AT THE HUDDERSFIELD INFIRMARY.

To the Editor of THE LANCET.

SIR,—The letter of Mr. Tompsett's in your number of Sept. 3rd, respecting the case of hernia reported by my young friend, Mr. Smith, from the Huddersfield Infirmary, together with your editorial note, appear to call for some remark from me.

I may observe that the case was one which occasioned me, as the operator, great anxiety, and it appeared to me and to several very experienced practical surgeons, who were consulted in the case, to simulate so strongly intestinal obstruction from some mechanical cause, that we were even led to suggest the propriety of an exploratory operation. When it was found after death that there was no twisting of bowel, nor any other mechanical impediment to account for the symptoms of obstruction, except the adhesions of inflammation, and the condition of the bowel itself, I thought the case important, and likely to interest others as well as myself. I scarcely, therefore, expected to be taken so sharply to task as I have been by Mr. Tompsett, and for the use of a phrase—viz., "reversed peristaltic action of the intestines." Had I suspected it, I would have substituted for it "reversed movement of the contents of the bowels," which undoubtedly did actually occur. But as by your editorial note you intimate that "the old theory of reversed peristaltic action is obsolete, and not held by the scientific portion of the profession," I really must, in self-defence, put myself in the background, and bring Mr. Erichsen to the front, who in these terms describes the constitutional symptoms of hernia: "Vomiting usually sets in early, and is often very severe and continuous, with much retching and straining; at first the contents of the stomach are ejected with some bilious matters, but afterwards the vomiting becomes feculent or stercoraceous, owing to *inverted peristaltic action extending as far down as the constricted part of the gut*"?

I do not bring this teaching forward with any idea of arguing the scientific aspects of the question, for which, indeed, I have neither the time nor the ability, but merely as an excuse for "*the very low ebb of the pathology at the Huddersfield Infirmary.*"

This observation was not necessary to Mr. Tompsett's purpose, and I feel sure, on consideration, he must regret it.—Your obedient servant,

Huddersfield, Sept. 5th, 1870. SAM. KNAGGS.

P.S.—Since writing the above, my attention has been directed to the following passage from the last edition of Carpenter's Human Physiology, p. 66, which may, perhaps, be of some service to Mr. Tompsett: "Dr. Brinton thinks it improbable that anti-peristaltic movements ever occur; such an effect as vomiting being always produced by an active peristalsis, occasioning an energetic axial recurrent stream. But it appears certain that such movements have been actually witnessed both in man and animals. (Ludwig, vol. ii., p. 617; Busch, 'Virchow's Archiv,' vol. xiv., p. 140; Todd and Bowman, vol. ii., p. 236.) They are described as being intermittent, and ceasing during sleep."

T. S. V.—The case is not intelligible to us. Is our correspondent qualified? What could be the object of offering to see the patient without charge? If our correspondent will elucidate the matter a little more to our satisfaction, we shall be glad to comment on it or insert his letter. Is the identity of name a mere coincidence? We see neither name in the Medical Directory.

R. B., (Taunton.)—We cannot forward private answers. There is no book of any value on the subject referred to; and our correspondent must, therefore, follow the advice to be gathered from a statement attributed, if we remember aright, to Mr. Disraeli—viz., that when he wanted to read a book, he wrote one.

Mr. Pridgin Teale's request shall be complied with.

"HOSPITAL SUNDAY" FOR MARYLEBONE.

To the Editor of THE LANCET.

SIR,—I am requested to inform you that a meeting of medical officers of various charities in St. Marylebone was held here last evening with the view of taking steps to organise a special "Hospital Sunday" for the medical charities in this parish.

It was proposed by Mr. T. Carr Jackson, seconded by Mr. T. Dane, and carried—"That in consequence of the absence from town of many of the medical officers attached to the various hospitals and dispensaries, this meeting be adjourned until Thursday, the 6th October next, at 8 P.M."

Your obedient servant,

FRANK ROMER, Secretary.

Western Ophthalmic Hospital, Marylebone-road, Sept. 14th, 1870.

INDUCTION OF PREMATURE LABOUR.

A. B. C. asks why the operation of turning was not had recourse to, instead of induction of premature labour, in the case recorded in THE LANCET of August 27th, in which, on a previous occasion, craniotomy had to be resorted to. Both expedients were justifiable. Turning at the full time might have succeeded, as it has succeeded in many cases of slight contraction. The induction of premature labour did succeed. Our correspondent's letter is not couched in terms of perfectly friendly criticism, such as befit the discussion of a scientific and difficult question, or we should have inserted it.

Inquirer.—The use of a title in the case of L.S.A. is a difficulty. Surgeon-Accoucheur is no nearer being a legal title than Surgeon. It is probable that any future Medical Bill will make it easy for apothecaries to get a surgical title. The College of Surgeons ought to consider their case.

A Student, (St. Bartholomew's.)—Next week.

Senex, M.D.—We were not aware that the bisulphide of carbon was prescribed extensively, and believed that its use was limited to cases of opacity of the cornea. Will our correspondent send particulars of its more extended use?

Mr. Godrich should write privately to the Editor of the paper.

FEES FOR LUNACY CERTIFICATES.

To the Editor of THE LANCET.

SIR,—On the 4th of June I received the enclosed order, which I duly attended to, giving a written opinion that the person in question was a lunatic, and not under proper care or control. I attended by order of the police at the petty sessions at Bottisham the next day but one, and the case having been duly gone into by the magistrates, who decided that Dawson could be taken care of at his son's house, I requested my fee; but was politely told they did know who was to pay me, but that they would consider the matter at their next meeting. Having heard nothing from them, I wrote three weeks ago, and received as the answer that I must apply to the Board of Guardians. I answered that, as the man was not, and never had been, a pauper, it would be absurd for me to do so, and thus the matter stands.

Would you kindly inform me what is my proper course to pursue? and if my claim of two guineas is an excessive one?

Bottisham is four miles from my residence. I was there three hours.

Yours faithfully,

Fulbourn, Cambs, September, 1870. HENRY BYLES.

*** We are of opinion that our correspondent's claim is not an excessive one, and that he should now apply to the Board of Guardians. Had the patient been sent to an asylum by the magistrates, he would have been sent to the County Asylum, and the guardians would have recovered the costs from his friends.—ED. L.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. F. C. Skey; Dr. Ogle; Mr. Whitfield; Dr. G. Goddard Rogers; Mr. Jervis; Mr. Jessop, Leeds; Mr. Hughes; Mr. W. Thomas, Wellington; Mr. Slade, Worcester; Dr. Paramore; Mr. Weirding; Mr. Ewer; Mr. E. Hodgson; Dr. Hunter, Forres; Mr. Moore; Mr. Townsend; Mr. Teale, Leeds; Mr. Knaggs, Huddersfield; Mr. Cooke, Stoke Newington; Dr. Williams; Dr. M'Gill, Leeds; Mr. G. Waldie; Mr. Bacot; Lieut.-Colonel Loyd-Lindsay; Mr. Wheatley; Dr. Eddison; Mr. Anderson; Dr. Hubbard, New Haven, Conn.; Dr. Sturges, Beckenham; Mr. Langford, Shefford; Mr. Simpson; Mr. Brisly, Bath; Mr. Lattey; Mr. Davies; Mr. Morgon, Coventry; Dr. Wood, Dunston; Mr. Menteith; Mr. Hawker; Mr. Evans; Mr. Bannicott; Mr. E. Hunter, Walsall; Mr. G. R. Fenn; Mr. J. Hardy; Dr. Manning, Gladsville, Sydney; Mr. Ward, Newark; Mr. Ogilvie; Mr. Orton; Dr. Russell; Mr. W. Green, Stamford; Dr. Hopkins, Llantrissant; Mr. Castell; Dr. E. Hendry, Birmingham; Mr. White; Mr. Thompson; Mr. Spooner; Mr. P. Kendrick; Mr. Jones, Ealing; Mr. Hughes; Mr. Campbell; Mr. Kaas; Mr. Robinson; Mr. Macrae, Douglas; Mr. Latham; Mr. Schmidt; Dr. Seccombe, Ealing; Dr. M'Carthy, Cork; Mr. Barkas, Exminster; Mr. Hoffmann; Mr. Raven, Hampstead; Mr. Roberts, Festiniog; Mr. Kinloch; Mr. Wall; Mr. Pick; Dr. Sargent; Mr. Parker; Mr. R. Smith; Mr. Hopkins; Mr. Dickinson; Mr. Yates, Weston-on-Trent; Dr. Phillips; Mr. Eales; Mr. Ward, Oldham; Dr. Whittell, Adelaide; Mr. Hodge; Mr. Howell; Mr. R. M. Craven, Hull; Mrs. Butler, Liverpool; Dr. Cooke; Mr. Horsman; Dr. Mackintosh, Callington; Mr. Horsell; Mr. Lever, Kettering; Mr. Banks; Mr. Simpkin, Hornsea; Mr. Bull; Mr. Edwards; Mr. Stott, Haslingden; Mr. Starling, Higham Ferrers; Mr. G. K. Poole, Peshawur; Mr. Meads, Christchurch; Mr. Duncan; Dr. Lusk, New York; Mr. Morris; Mr. Geddes; Mr. Grant, Wolverhampton; Mr. Hickman; Mr. Hagger, Liverpool; Mr. Smailes; Mr. Owen, Liverpool; Mr. Couch, Bodmin; Dr. Buchanan, Glasgow; Dr. Tassell, Auckland, New Zealand; Mr. Penfold, Sandhurst, Victoria; Mr. Barber; Dr. Forbes; Dr. Perry, Glasgow; Mr. R. Hyde, Oldcastle; Mr. Van Abbott; Dr. Glynn, Liverpool; Dr. Cameron, Denholm; Mr. Kay; Dr. Waters; Mr. Macaulay, Harlow; Mr. Rayner; Mr. Platt; Mr. Wood, Staplehurst; Mr. Atkinson; Mr. W. Jennings; Dr. Hicks; Mr. De Laine; Mr. Norris; Dr. Best; Mr. Thornton; Mr. Leigh, Colne; Mr. H. Priestley, Sheffield; Dr. Swinson; Mr. Gell; Mr. Robinson; Mr. Cullingworth, Manchester; Mr. Barnes; Dr. Jagielski; Mr. Brown; Mr. Maisey, Cheltenham; Dr. Yorke, Granard; Mr. Tait, Birmingham; Mr. Keying; Beta; Omega; Unqualified; H. N.; Microscopical Society; J. V. R. C., Bengal; T. S.; Alpha; M.R.C.S.; Analyst; A Surgeon, R.N.; M.D.; &c. &c.

Australian Medical Journal, Shield, Wilts Standard, Kensington News, North Wales Chronicle, Carnarvon Herald, Australian Medical Gazette, Essex Standard, Redditch Indicator, Western Daily Press, Croydon Chronicle, Birmingham Daily Post, Buchan Observer, Bridlington Free Press, Scotsman, Melbourne Argus, and *Kelso Chronicle* have been received.